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ABSTRACT

The first of five volumes for Project Teach 'n' Reach, designed to help teachers of grades 1-6 in regular classrooms to teach about various kinds of handicapping conditions, is a teacher's guide. Performance objectives, activities, worksheets, and resources are listed for the use of these teachers in the implementation of their social-science and health curriculum. The guide presents definitions, suggestions for modifying instruction, information on resources (books, filmstrips, posters, movies, transparencies, etc.), and a bibliography coded by age level for four major topics: affective domain, communication handicaps, learning handicaps, and physical handicaps. Subtopics of the affective domain unit are self-concept and attitudes. Hearing impairments and language impairments are considered as communication handicaps, developmental disabilities as learning handicaps, and physical and health impairments and visual impairments are considered in the physical handicaps unit. (CL)

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"TEACH 'N' REACH"

TEACHER'S GUIDE

Arleen Kagan - Project Leader

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ESEA Title IV-C "Teach 'n' Reach"

PREFACE

Project "Teach 'n' Reach" has been designed to provide teachers of grades one through six with suggested performance objectives, activities, worksheets and resources for enhancing the implementation of their Social-Science and Health Curriculum.

The lessons are purposefully not designated for a particular grade level nor are the curriculum activities sequentially structured. Thus, the curriculum provides a flexible program, accessible to a particular classroom teacher's need and adaptable for any grade level.

All materials which follow are intended as resources to be expanded or adapted in ways best suited for the individual teacher in his/her classroom environment.

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TEACHER'S GUIDE

INTRODUCTION

Successful integration of a disabled child into the regular classroom is highly dependent on the child's interest and motivation, which in turn, is dependent on the youngster's feelings of acceptance. Thus, successful integration rests heavily on the actions, understanding and efforts of the nonhandicapped student.

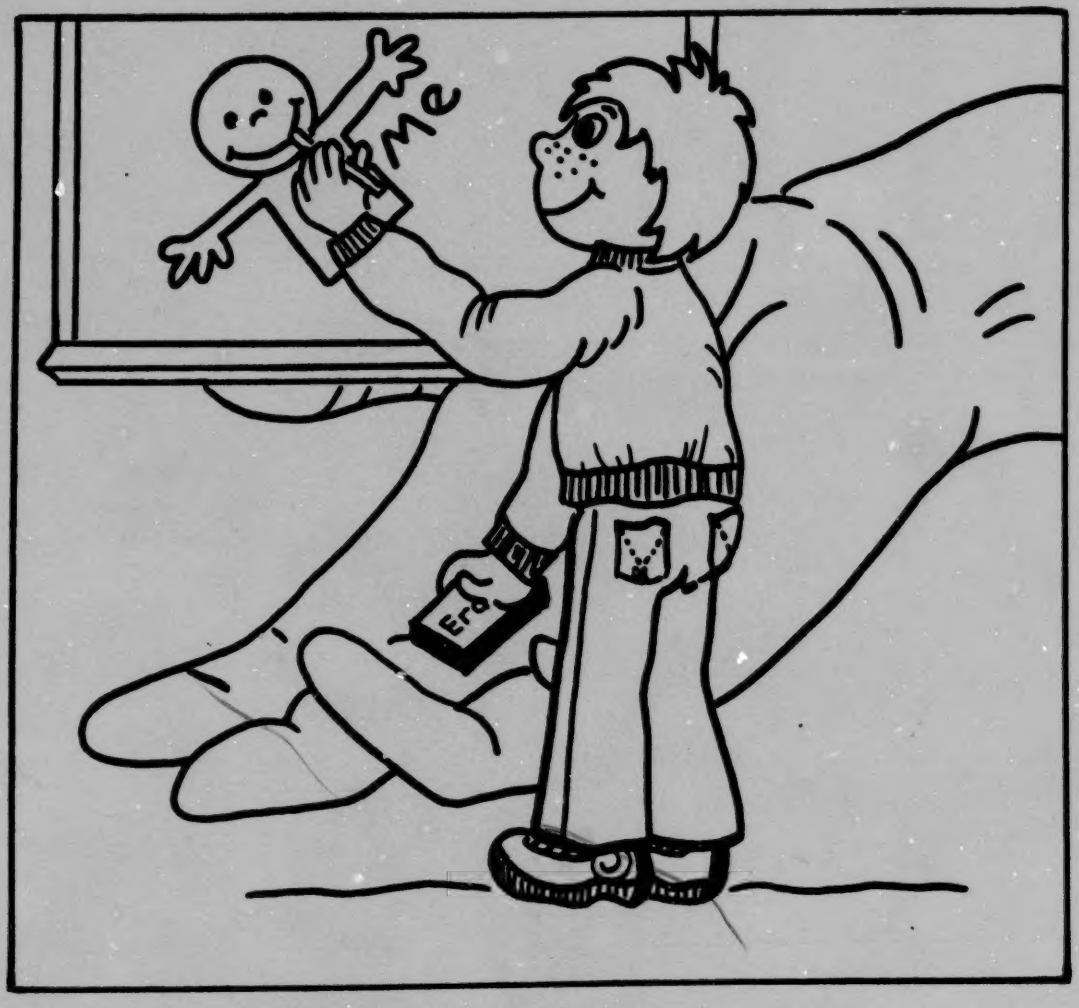
It is important for all individuals to develop an awareness of how they perceive the disabled and to understand that every person -- even though mentally or physically disabled -- is capable of human feelings.

Young people especially need to understand their own needs and values and how these factors affect their behavior. They need to be aware of similarities and differences in people and how easy it is to form stereotypes about groups of people on the basis of such characteristics as appearances, physical abilities and intelligence.

Clearly, it is not an easy task to develop the sensitivity and skills required to teach children about the disabled. Nor are teachers expected to be experts about all disabilities.

Project "Teach 'n' Reach," an ESEA Title IV-C Federal supplemental instructional program, was designed to support the regular classroom teacher with alternatives for teaching the nondisabled child about disabilities.

SELF-CONCEPT



SELF-CONCEPT

DEFINITION - Your self-concept is composed of all the beliefs and attitudes you have about yourself. It determines who you are, what you think you are, what you do and what you become.

STRATEGIES FOR MODIFYING INSTRUCTION

- Provide the child with simple experiences initially.
- Provide the child with positive experiences.
- Provide the child with peripheral experiences. (Example: Development of talents.)
- Provide the child with praise and/or compliments.

MATERIALS	PURCHASING ADDRESS
BOOKS	
• A Piece of Red Paper	Hubbard P. O. Box 104 Northbrook, IL 60062
• Be My Friend Coloring Book	Canadian Council on Children and Youth 323 Chapel St. Ottawa, Canada KIN 722
• Communicating To Make Friends, a Program for the Classroom Teacher	B.L. Winch & Associates 45 Hitching Post Drive Rolling Hills Estates, CA 90274
• Feeling Free	Kids Come In Special Flavors Box 562, Forest Park Street Dayton, Ohio 45405
• Friends	Instructional Development Co. P. O. Box 361 Monmouth, OR 97361
• Its Me! Building Self-Concept Through Art	Teaching Resources 50 Pond Park Rd. Hingham, MA 02043
• I've Got Me and I Am Glad	Incentive Publishers Nashville, TN 37202
• Josephine, The Short-Neck Giraffe	Hubbard P. O. Box 104 Northbrook, IL 60062
• Speedy Delivery	Hubbard P. O. Box 104 Northbrook, IL 60062
FILMSTRIPS and SLIDES	
• Drab the Drog	Contemporary Drama Service P. O. Box 457-TG Downers Grove, IL 60515

(continued)

MATERIALS, continued

	PURCHASING ADDRESS
HANDMADE MATERIALS and MISCELLANEOUS	
• People Puppets	Developmental Learning Materials 7440 Natchez Avenue Niles, IL 60648
• Puppets	Don Ave Star Rt. Box 153 Spring Valley, CA 92077
MODELS, CHARTS and POSTERS	
• Exceptional Children Posters	Argus Communications 7440 Natchez Avenue Niles, IL 60648
• Self-Concept Posters	Argus Communications 7440 Natchez Avenue Niles, IL 60648
MOVIES	
• "Mirror, Mirror"	Brigham Young University Media Marketing, W-STAD Provo, UT 84602
• "People Are Different And Alike"	Coronet Films %Don Marcotte 22875 Rumble Dr. El Toro, CA 92630
TRANSPARENCIES and DUPLICATING MASTERS	
• Getting to Know You (Duplicating Masters)	Frank Schaffer Publications, Inc. 26616 Indian Peak Rd. Palos Verdes Peninsula, CA 90274
• The "Me" Book (Duplicating Masters)	Milliken Publishing Co. 1100 Research Blvd. St. Louis, MO 63132

Key: P - Primary
U - Upper
T - Teacher

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T • Canfield, J. 100 Ways to Enhance Self-Concept in the Classroom. Englewood Cliffs, NJ: Prentice Hall, Inc., 1976.

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T • Farnette, C. I've Got Me and I Am Glad. Nashville, TN: Incentive Publishers, 1977.

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T • Getting to Know You. Palos Verdes Peninsula, CA: Frank Shaffer Publishing, Inc.

T • GOAL Goal Oriented Aspirations for Learning. La Mesa, CA: La Mesa-Spring Valley School District, ESEA Title IV-C, 1980.

U • Green, M. Is It Hard? Is It Easy? New York, NY: William R. Scott Publishers, 1960.

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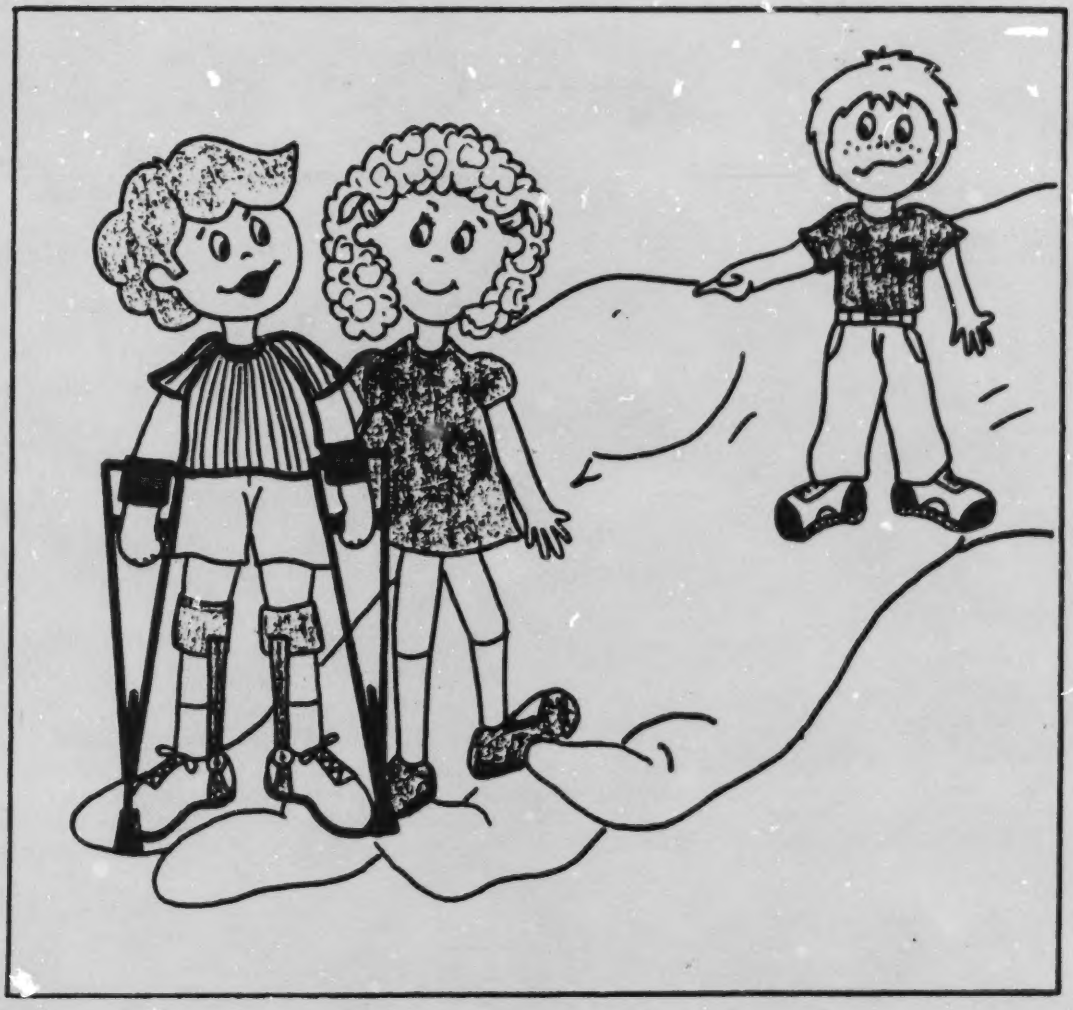
ATTITUDES



ATTITUDES

DEFINITION - Attitudes are a way of establishing one's values, position and/or disposition. They examine and determine what is more important. They are not morals or ethics . . . they are one's considered choices.

STRATEGIES FOR MODIFYING INSTRUCTION

- Provide the child with good role models.
- Provide the child with opportunities to act on their attitudes.
- Provide the child with time for reevaluation of attitudes.
- Provide the child with choosing among alternatives.
- Provide the child with factual life situational choices.
- Provide the child with a climate of trust.

MATERIALS	PURCHASING ADDRESS
BOOKS	
• Beginning Values Clarification	Pennant Educational Materials 8265 Commercial Street #14 La Mesa, CA 92041
• Clarifying Values Through Subject Matter	Pennant Educational Materials 8265 Commercial Street #14 La Mesa, CA 92041
• Communicating To Make Friends, A Program For the Classroom Teacher	B. L. Winch and Associates 45 Hitching Post Drive Rolling Hills Estates, CA 90274
• Feeling Free	Kids Come In Special Flavors Box 562 Forest Park Street Dayton, Ohio 45405
• Friends	Instructional Development Co. P. O. Box 361 Monmouth, OR 97361
• Getting To Know You	Frank Shaffer Publishing 26616 Indian Peak Road Palos Verdes Peninsula, CA 90274
• It's Me - Building Self-Concepts Through Art	Teaching Resources 50 Pond Park Road Hingham, MA 02043
• I've Got Me and I Am Glad	Incentive Publishers Order from: SDSU Aztec Book Store San Diego, CA 92182
• Josephine - The Short-Necked Giraffe	Mister Rogers Hubbard P. O. Box 104 Northbrook, IL 60062
• The Me Book	Milliken Publishing Co. 1100 Research Blvd. St. Louis, MO 63132
• 100 Ways To Enhance the Self-Concept	Prentice Hall, Inc. Order from: Western Library Service 7262 Beverly Blvd. Los Angeles, CA 90036

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MATERIALS, continued

	PURCHASING ADDRESS
• A Piece of Red Paper	Mister Rogers Hubbard P. O. Box 104 Northbrook, IL 60062
• Speedy Delivery	Mister Rogers Hubbard P. O. Box 104 Northbrook, IL 60062
• Squares Are Not Bad	Golden Press Order from: Western Library Service 7262 Beverly Blvd. Los Angeles, CA 90036
• Values Clarification: A Handbook of Practical Strategies for Teachers and Students	Pennant Educational Materials 8265 Commercial Street #14 La Mesa, CA 92041
• What's The Difference?	Human Policy Press P. O. Box 127 University Station Syracuse, NY 13210
• WORTH Career Education Curriculum	La Mesa-Spring Valley School District Project ESEA Title IV-C WORTH

HANDMADE MATERIALS and MISCELLANEOUS

• People Puppets	Developmental Learning Materials 7440 Natchez Avenue Niles, IL 60648
• Puppets	Donald Ave Star Route Box 153 Spring Valley, CA 92077

MODELS, CHARTS and POSTERS

• Exceptional Children Posters	Argus Communications 7440 Natchez Avenue Niles, IL 60648

MATERIALS, continued

	PURCHASING ADDRESS
MOVIES	
• "Big People - Little People"	Sterling Educational Films %John Grace 207 Calle Serena San Clemente, CA 92672
• "Boys and Girls - Alike And Different"	Xerox Films ATT: NULLMEYER 1020 Pegasus Street Anaheim, CA 92807
• "Feelings: Don't Stay Mad"	BFA 2211 Michigan Ave. Santa Monica, CA 90406
• "The Fun of Making Friends"	Coronet Films %Don Marcotte 22875 Rumble Drive El Toro, CA 92630
• "Getting Along With Others"	Coronet Films %Don Marcotte 22875 Rumble Drive El Toro, CA 92630

Key: P - Primary
U - Upper
T - Teacher

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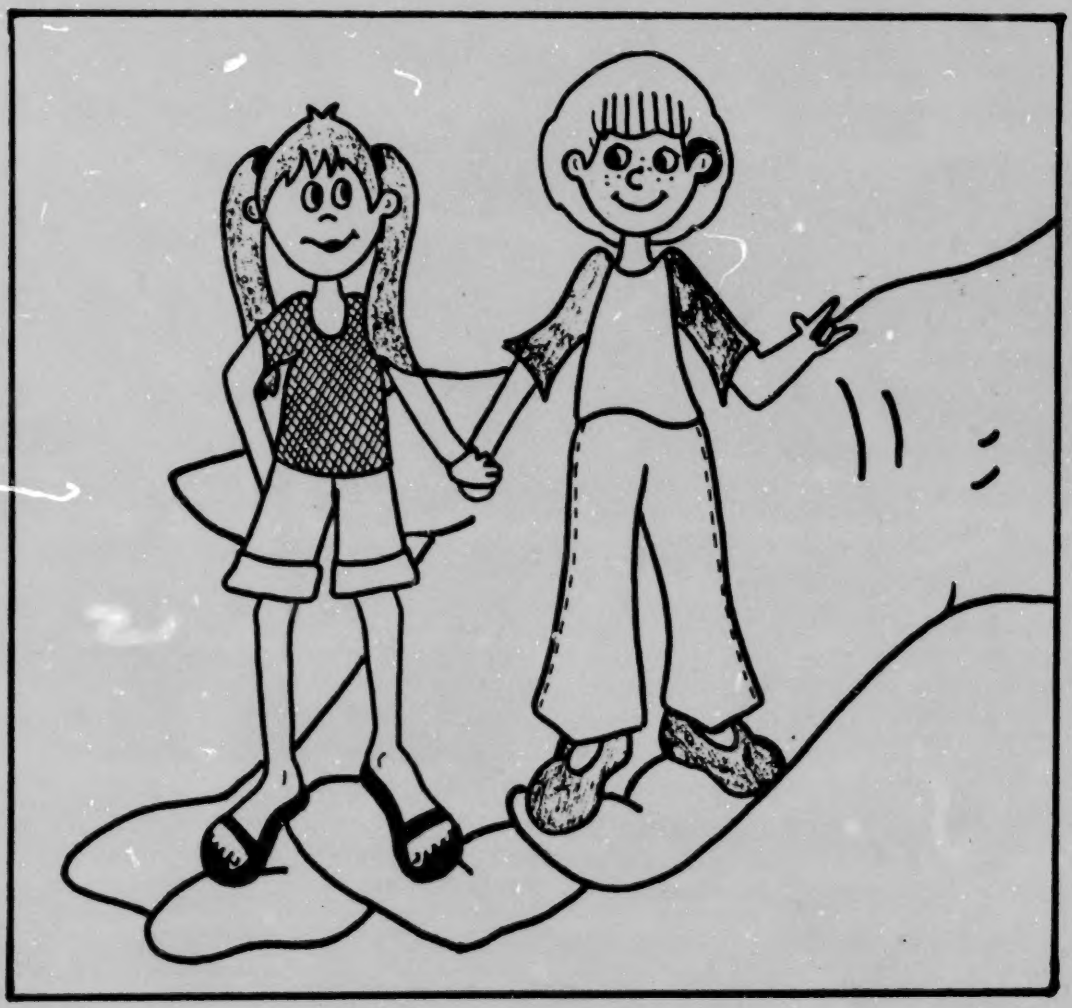
HEARING IMPAIRED



HEARING IMPAIRED

DEFINITION - Hard of hearing describes a hearing loss which affects a child's educational performance. Deaf describes the hearing loss as being so severe that language cannot be understood with or without a hearing aid and where special communication skills are necessary.

CAUSE - The major causes of a serious hearing impairment are:

- Conductive hearing loss involves the outer and middle ear and may be due to impacted wax, congenital malformation, infection, tumors, or a perforated eardrum.
- Sensori-neural loss implies that there is damage to the nerves which connect the inner ear and the brain. Possible causes are heredity, drugs, noise trauma, rubella, blows to the head, RH factor imcompatibility, meningitis and infectious diseases.

MINIMUM COMPETENCIES

Upon completion of an eight (8) week implementation of project "Teach 'n' Reach" Hearing Impaired unit, students will obtain the following minimum competencies:

- Students will be able to identify three out of seven anatomical structures of the ear.

  - Helix - Semicurcular Canal - Ear Drum - Hammer - Anvil - Stirrup - Cochlea

- Students will be able to identify two out of six causes of hearing loss.

  - Wax - Infection - Accident - Prenatal - Heredity - Rubella

- Students will be able to fingerspell five out of twenty-six letters of the alphabet.
- Students will be able to sign four words using sign language.
- Students will be able to identify two out of four pieces of equipment used by the hearing impaired.

  - Hearing Aid - Auditory Trainer - TDD - Captioned TV

- Students will be able to describe the difference between deaf and hard-of-hearing as evaluated by the classroom teacher.
- Students will be able to identify two out of six methods used by the hearing impaired to communicate.

  - Lipreading - Fingerspelling - Sign Language - Speech Gestures - Residual Hearing

- Students will be able to list one out of three occupations held by the hearing impaired.

  - Teacher - Writer - Electrician

- Students will be able to define lip- or speechreading as evaluated by their classroom teacher.

STRATEGIES FOR MINIMIZING DIFFERENCES

Things to remember when reviewing this information:

- There is as much variation among students within any one category as there is between categorized students and their handicapped peers.
- The limitations of the disability will not occur equally in all situations.
- Don't let the label or category define the child. The information is intended only as a guide, not a rule.
- When using the information to answer other students' questions, specify observable behaviors avoiding the use of labels.
- Emphasize ways in which students and teachers can adapt and modify the environment to meet the needs of the handicapped student.

- Check with parents, nurse, or special education teacher about how a student's hearing aid functions.
- Students typically monitor the care of their hearing aid, but with a young child you may need to periodically check to make sure it is in good working order. (e.g., Do the batteries need replacing?)
- As much as possible, the teacher should face hearing impaired students to facilitate lipreading.
- Allow students to freely change seating positions to increase visibility of the teacher.
- By frequently using an overhead projector rather than a chalkboard, the teacher is able to face the classroom and facilitate lipreading.

(continued)

STRATEGIES FOR MINIMIZING DIFFERENCES, continued

- If the room needs to be darkened for slides or films, make sure there is enough light on the face of the instructor so the hearing impaired student can follow any commentary or questions.
- Lighting is best if it hits the speaker's face. It is impossible to lipread a person who is standing with his back to the window because glare is blinding.
- Talk distinctly. Don't exaggerate mouth movements. Don't slow down and string out single words. That's just as hard to lipread as too rapid a rate. Slow down a little in phrasing if you wish, but a good moderate rate is best.
- Natural gestures are fine but excessive motion of the head or arms, or pacing back and forth make words difficult to catch.
- Chewing while talking makes it hard for a deaf child to know where chewing ends and the speaking begins.
- Keep the noise level down since most hearing aids amplify all sound and cannot sort out the important from the unimportant sounds. The hearing aid cannot completely normalize hearing; some distortion is inevitable and all sounds are amplified.
- When talking about something or someone in the room, glance, point, or walk over to the object and touch it.
- If you want to get the attention of the hearing impaired student and calling the student's name is not effective, *GENTLY* tap or touch the shoulder, arm, or hand of the student. Try not to startle the person.
- In talking privately to him, if he does not understand you, there may have been phrases that were hard to lipread or a word which was unknown to him. If there is a misunderstanding, rephrase yourself, but don't oversimplify, leaving out the meaningful words.

(continued)

STRATEGIES FOR MINIMIZING DIFFERENCES, continued

- Do not assume the hearing impaired person has understood everything you have carefully explained, even if he or she nods and acknowledges understanding. Ask the hearing impaired student to explain the point you made to make sure your message was received properly.
- Write assignments on the board.
- Provide feedback to students relative to their handicaps. For example, hearing impaired students may need to be told to speak more softly. This should be shared privately.
- Fatigue should not be interpreted as a lack of interest. Auditorially impaired students must often expend considerable energy to hear others.
- Arrange for several student volunteers in class to be note-takers. It is difficult for the hearing impaired student to take notes and watch the instructor at the same time without losing part of the message.
- Use a "listening helper" or "buddy" to provide special help when it is needed.
- Provide the child with preferable seating.
- Provide the child with maximum speechreading opportunities (about 6 feet in distance).
- Provide the child with minimal visual distractions (jewelry, fingernail polish).
- Provide the child with simple visual pictures.
- Provide the child with visual examples.

THE EAR

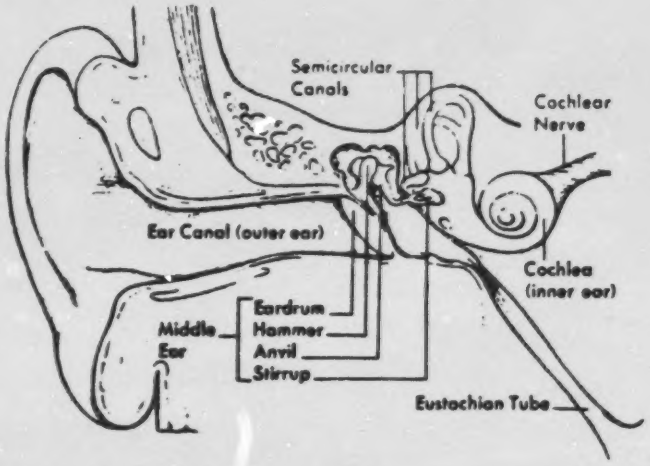
Sound travels through air in waves, or ripples, like the ripples you make in a pool of water when you throw a stone into it. As these sound waves hit the pinna, the part of the ear that you can see, they are collected and channeled down a tube.

After the sound wave is collected and goes down a tube, it hits the eardrum, a wall made of elastic material. Behind the eardrum, in a little chamber called the middle ear, are three small bones loosely attached to each other. The vibrating eardrum pushes against the first bone, the hammer, which pushes against the second, the anvil, which pushes against the third, the stirrup.

The third bone is loosely attached to a thin membrane stretched across an oval opening, the oval window. The oval window is in a snail-shell-shaped affair called the cochlea.

The cochlea is filled with fluid and is part of the inner ear. As the third bone pushes against the oval window, the fluid is set in motion. The vibrations which started as ripples in the air now become ripples in a liquid.

These ripples inside the cochlea disturb thousands of thread-like hair cells. These cells move slightly, irritating the nerves to which they're connected. The nerves then send sound messages to the brain. The speed at which the ripples come determines



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THE EAR, continued

the pitch - how high or low the sounds are. If the air vibrations are quite far apart, the pitch will be low. We can hear sound waves that hit our ears at the rate of twenty waves a second. That's a low, rumbling note. The fastest sound waves our ears pick up are ripples that hit the ear at the rate of 30,000 a second. Dogs and cats can hear even faster sound waves which are higher notes. Our ears simply aren't built to channel those fast sound waves.

But our ears do far more than channel in sounds and tell pitches. If the same note were played on a violin and then on a piano, our ears would immediately tell us that the quality of sound is different. If a friend speaks to you, you immediately recognize his voice. If someone whispers, you strain to hear it; if someone shouts, you jump.

Our ears do all this for us without our conscious command. The eardrum is no bigger than the head of a small thumbtack. The cochlea is no bigger than your little fingernail, yet it is filled with 15,000 tiny threadlike living cells that interpret sounds. And still the wonder doesn't stop. Your brain, which automatically interprets the sounds, also blocks out the unimportant sounds. The ticking of a clock or noise of outside traffic is screened out as unimportant so that you don't have to think about it. Your ears and brain work together to do this.

Crooked Footprints. Grand Rapids, MI: Rainbow Books by Baker Book House, 1978.

HEARING AID TROUBLESHOOTER CHART

SYMPTOMS	SEE PARAGRAPH
• Hearing aid is dead	1, 2, 3, 4, 5, 6, 10, 14, 15
• Hearing aid is weak	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 13
• Hearing aid works intermittently or fades	1, 2, 3, 4, 5, 10, 15, 16
• Hearing aid whistles continuously or occasionally	6, 9, 11, 12, 13, 15, 17, 18
• Hearing aid sounds noisy, raspy, shrill	1, 3, 4, 5, 8, 9, 10, 11, 12, 17
• Hearing aid sounds hollow, mushy, muffled	1, 2, 7, 10, 15, 17
• Child complains that sounds have bad quality	1, 7, 10, 17
• Child complains of noise when he/she moves	19

CAUSES, TESTS AND REMEDIES

1. Cause - Dead, run down, or wrong type of battery
   Test - Substitute new battery.
   Remedy - Replace battery.
2. Cause - Battery reversed in holder so that (+) terminal is where (-) terminal should be.
   Test - Examine
   Remedy - Insert battery correctly.

(continued)

HEARING AID TROUBLESHOOTER CHART, continued

3. Cause - Poor contacts at receiver-cord plugs due to dirty pins or springs.
   Test - With hearing aid turned on, wiggle plugs in receptacles and withdraw and insert each plug.
   Remedy - Rub accessible contacts briskly with lead-pencil eraser, then wipe with clean cloth slightly moistened with Energine or similar cleaning fluid. Inaccessible contacts usually can be cleaned with broom straw moistened with cleaning fluid.
4. Cause - Break or near break inside receiver cord.
   Test - While listening, flex all parts of cord by running fingers along entire length and wiggling cord at terminals. Intermittent or raspy sounds indicate broken wires.
   Remedy - Replace cord with new one; worn ones can't be repaired satisfactorily.
5. Cause - Plugs not fully or firmly inserted in receptacles.
   Test/ Remedy - While listening, withdraw and firmly reinsert each plug in turn.
6. Cause - Earmold too small or not properly seated in ear.
   Test - With the fingertips, press the earmold firmly to ear and twist back and forth slightly to make sure that the earmold is properly positioned.
   Remedy - Replace with new ear mold.
7. Cause - Earmold plugged with wax, or with drop of water from cleaning.
   Test - Remove earmold, examine visually, and blow through it to determine whether passage is open.
   Remedy - If wax obstructed, wash earmold in lukewarm water and soap, using pipe cleaner or long-bristle brush to reach down into the canal. Rinse with clear water and dry.

(continued)

8. Cause - Loose receiver cap.
   Test - Examine. Shake.
   Remedy - If cap is of the screw type, turn tight with fingers. If cap is cemented, or crimped, and has become loose, it can be repaired only by the manufacturer.
9. Cause - Insufficient pressure of bone vibrator on mastoid.
   Test - While listening, press the bone receiver more tightly against the head with the fingers.
   Remedy - Bend the bone-vibrator headband to provide greater pressure. This is preferably done by the dealer, who is more skilled in maintaining conformation with the head.
10. Cause - Batery leakage (resulting in poor battery connections) or corroded battery contacts.
   Test - Examine battery and battery holder for evidence of leakage in form of a powder or corrosion.
   Remedy - Replace with new batteries.
11. Cause - Receiver close to wall or other sound-reflecting surface.
   Test - Examine.
   Remedy - Avoid sitting with the fitted side of the head near a wall or other surface. Such surfaces close by tend to reflect the sound from the receiver so that it is more readily picked up by the microphone, thus causing whistling.
12. Cause - Microphone worn too close to receiver.
   Test - Try moving instrument to provide wider separation between it and the receiver.

(continued)

HEARING AID TROUBLESHOOTER CHART, continued

12. continued

Remedy - Avoid wearing microphone and receiver on same side of body.

13. Cause - Microphone facing the body.

Remedy - Place microphone facing out.

14. Cause - Telephone-mike switch in wrong position.

Remedy - Place switch in desired position.

15. Cause - Faulty receiver

Test - Examine receiver for breaks, cracks.

Remedy - Replace with a new receiver.

16. Cause - Collapse of tubing.

Test - Check to see if tube bends, when head is in a satisfactory position or is moved.

Remedy - Shorten or replace tube.

17. Cause - Volume control turned too high.

Test/ Remedy - Reduce volume until speech sounds clear.

18. Cause - Air leak between earmold and receiver.

Test - Check ring, retainer of earmold, receiver nozzle, and plastic seal washer.

Remedy - Replace defective part.

19. Cause - Clothing noise from improper placement of aid or because a garmet bag is not used.

Remedy - Adjust hearing aid placement or use a garmet bag.

GLOSSARY

- Ameslan - sometimes referred to as ASL (American Sign Language) is the signed language communication system used by the deaf.
- Anvil - (incus) one of three bones which are referred to as the ossicles.
- Audiogram - is a graph that shows the level of hearing.
- Audiologist - a person trained to test levels of hearing by using various types of equipment. The audiologist graphs the findings from these tests on an audiogram.
- Auditory trainer - a battery operated piece of equipment which is used to amplify sound. The maximum output of the equipment is more powerful than a hearing aid.
- Battery - provides the power for an aid.
- Conductive loss - a hearing impairment of the outer or middle ear.
- Congenital - disease or condition present at birth and that is not necessarily hereditary.
- Cord - connects the hearing aid to the receiver.
- Deaf - implies the hearing impairment is severe and insufficient for comprehension of language.
- Decibels (dB) - the measurement of loudness or intensity.
- Earmold - fits into the outer ear and is individually designed for the person's ear. The amplified sounds enter the ear through the opening in the mold.

(continued)

GLOSSARY, continued

- Eardrum - (tympanic membrane) that which forms the partition between the outer and middle ear.
- Eustachian tube - the opening which opens and closes with swallowing and yawning and whose action equalizes the air pressure on both sides of the eardrum.
- Fingerspelling - finger configurations which form individual letters of the alphabet and can be strung together to make words.
- Frequency - the pitch of sound.
- Hammer - (malleus) one of three bones which are referred to as the ossicles.
- Hard of hearing - refers to an individual whose hearing loss is sufficient to require either amplification or remedial help in communication skills.
- Hearing aid - a battery operated piece of equipment used to amplify sounds.
- Hearing impaired - a general term indicating some malfunction of the auditory mechanism.
- Helix - (pinna or auricle) is the projecting portion of the ear located on the side of the head.
- Interpreter - a person who can transmit a verbal or written message to or from a hearing impaired person by using one or a combination of sign language, fingerspelling and speech.
- Lipreading or Speechreading - an acquired skill used to comprehend spoken language by recognizing the message from movements of the face, lips, throat muscles and placement of the tongue.

(continued)

GLOSSARY, continued

- Oral - emphasizes speech, residual hearing and lip reading.
- Ossicles - three tiny bones found in the middle ear.
- Otologist - a medical doctor who specializes in pathologies and treatment of the ear.
- Receiver - a button-like structure through which the amplified electric signal is converted back to a sound wave which is much louder than the original sound.
- Residual hearing - refers to the amount of hearing that remains after damage to the auditory mechanism.
- Rubella - (German measles or three-day measles) a contagious viral disease.
- Sensory neural loss - a hearing impairment of the inner ear.
- Sign language - a system of expressing and receiving language; hand and body movements formalized to convey words, concepts and phrases.
- Speech - an oral means of communication
- Stirrup - (stapes) one of three bones which are referred to as the ossicles.
- Total communication - a means of receiving and expressing language by using a combination of speech, residual hearing, manual communication and lipreading.
- TDD - a machine whereby the hearing impaired can use a telephone by placing the receiver onto an ear cup and a message is shown in written form.

MATERIALS	PURCHASING ADDRESS
BOOKS	
• Anna's Silent World	J. Lippincott Company Western Library 7262 Beverly Boulevard Los Angeles, CA 90036
• Be My Friend Coloring Book	Canadian Council on Children and Youth 323 Chapel Ottawa, Ontario KIN 722
• Lisa and Her Soundless World	Human Sciences Press, Inc. Order from: Independent Publishers Group 14 Vanderventer Avenue Port Washington, NY 11050
• Mainstreaming the Hearing Impaired Child	Learning Concepts Order from: Teaching Resources Corp. 100 Boylston St. Boston, MA 02116
• The Nothing Place	Harper and Rowe Western Library Service 7262 Beverly Blvd. Los Angeles, CA 90036
• The Signed English Book	Gallaudet College Press Gallaudet College Bookstore 7th Street and Florida Avenue, N.E. Washington, D.C. 20002
• What If You Couldn't? A Book About Special Needs	Charles Scribner's Sons Order From: Western Libarary Service 7262 Beverly Blvd. Los Angeles, CA 90036
• Who Am I?	Mister Rogers Hubbard P. O. Box 104 Northbrook, IL 60062

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MATERIALS, continued

	PURCHASING ADDRESS
EQUIPMENT	
• Audiometer	Audio-Med 16037 Valley View Avenue Santa Fe Springs, CA 90670
• Auditory Trainer	Phonic Ear H. C. Electronic Corporation 250 Camino Alto Mill Valley, CA 94941
• Hearing Aid	Hearing Aid Center 3952 30th Street San Diego, CA 92104
• Molds	San Diego State University Dept. of Communication Disorders San Diego, CA 92182
• TDD	Specialized Systems, Inc. 11558 Sorrento Valley Road, Bldg. 7 San Diego, CA 92121
FILMSTRIPS and SLIDES	
• Hello Everybody, Part I	James Stanfield Film Association P. O. Box 851 Pasadena, CA 91102
• Like You, Like Me "When I Grow Up"	Encyclopedia Britannica Educational Corporation 425 North Michigan Avenue Chicago, IL 60611
• Slides of Equipment and People	La Mesa-Spring Valley School District Project ESEA Title IV-C "Teach 'n' Reach"
GAMES	
• Alphabet Hands Flash Cards	Kenworthy Educational Services, Inc. Buffalo, NY 14240

(continued)

MATERIALS, continued

	PURCHASING ADDRESS
• Play It By Sign	Joyce Motion Picture Co. P. O. Box 458 Northridge, CA 91324

HANDMADE MATERIALS and MISCELLANEOUS

• Exceptional Children Posters	Argus Communications 7440 Natchez Avenue Niles, IL 60646
• Fingerspelling Cards - #2164	Kenworthy Educational Services Buffalo, NY
• Puppets	Don Ave Star Rt. Box 153 Spring Valley, CA 92077
• Ear Protectors	Fed Mart 6611 University Avenue San Diego, CA 92115

KITS

• Accepting Individual Differences	Developmental Learning Materials 7440 Natchez Avenue Niles, IL 60648
• Kids Come In Special Flavors	The Kids Come In Special Flavors Company Box 562 Forest Park Station Dayton, OH 45405
• Master Kit for "What If You Couldn't. . .?" Hearing Impaired Unit	Selective Educational Equipment, Inc. Three Bridge Street Newton, MA 02195

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	PURCHASING ADDRESS
MODELS, CHARTS and POSTERS	
• Ear Model	Sargent-Welch 1617 East Ball Road Anaheim, CA 92803
• Hearing Aid Charts	Oticon 999 Stone Street Union, NJ 07083
• Organs of the Human Body Chart	Milliken Publishing Co. 1100 Research Blvd. St. Louis, MO 63132
MOVIES	
• "Hearing And Noise"	Paramount Films 626 Justin Avenue Glendale, CA 91201
• "Helen Keller"	Sterling Films %John Grace 207 Calle Serena San Clemente, CA 92672
• "Loud Sounds, Soft Sounds"	Stanton Films 2417 Artesia Boulevard Redondo Beach, CA 90278
• "Messages By Hand"	Films Incorporated 1144 Wilmette Avenue Wilmette, IL 60091
• People You'd Like To Know "Mary"	Encyclopedia Britannica Educational Corporation 425 North Michigan Avenue Chicago, IL 60611
• "Sounds Around Us"	Cenco Educational Aids 2600 S. Kostner Avenue Chicago, IL 60623
• "You And Your Ears"	Walt Disney Films 500 S. Buena Vista Street Burbank, CA 91521

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MATERIALS, continued

	PURCHASING ADDRESS
• "You And Your Five Senses"	Walt Disney Films 500 S. Buena Vista Street Burbank, CA 91521
• "You're Not Listening"	Barr Films P. O. Box 5667 Pasadena, CA 91107
• "What Say"	McGraw-Hill 110 15th Del Mar, CA 92014
• "Who Stole The Quiet Day"	Alfred Higgins Productions 9100 Sunset Boulevard Los Angeles, CA 90069

RECORDS

• "Getting Through"	Zenith Radio Co. 6501 W. Grand Avenue Chicago, IL 60635
• "Look, Listen and Learn"	Milliken Publishers 611 Olive Street St. Louis, MO 63101
• "Put On a Handicap"	Kimbo Educational Records P. O. Box 477 Long Branch, NH 07740
• "Sounds of Abnormal Hearing"	Gordon Stowe Co. Northbrook, IL 60062
• "What's Its Name?"	Maico Maico Bldg. Minneapolis, MN 55401

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MATERIALS, continued

	PURCHASING ADDRESS
TRANSPARENCIES and DUPLICATING MASTERS	
• Ear	Hubbard Scientific P. O. Box 104 Northbrook, IL 60062
• Systems of the Human Body	Milliken Publishing Co. 1100 Research Boulevard St. Louis, MO 63132

AGENCIES

- Alexander Graham Bell
  Association for the Deaf
  3417 Volta Place
  NW Washington, DC 20007

- Deaf Community Services — Voice or TDD
  601 Market Street — 234-6666
  San Diego, CA 92101

- Disabled Student Services — 265-6474
  San Diego State University
  Campus Lab Room 110 — TDD
  San Diego, CA 92182 — 265-5417

- National Association for the Deaf
  814 Thayer Avenue
  Silver Springs, MD 10910

- San Diego State University — 265-6477 or
  Dept. of Communication Disorders — 265-6774
  San Diego, CA 92182

- San Francisco S.P.C.A. — (415) 621-1700
  2500 16th Street
  San Francisco, CA 94103

HEARING IMPAIRED

Key: P - Primary
U - Upper
T - Teacher

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P • Mister Rogers. Who Am I? Northbrook, IL: Hubbard.

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P/U • Peterson , J. I Have a Sister, My Sister is Deaf. New York, NY: Harper and Row, 1977.

U • Robinson, V. David in Silence. Philadelphia, PA: Lippincott Co., 1965.

U • Spence, E. The Nothing Place. New York, NY: Harper and Row, 1972.

T/P/U • The Signed English Dictionary. Washington, DC: Gallaudet College Press, 1975.

T • Sullivan, M. Feeling Free. Reading, MA: Addison-Wesley, 1979.

T • Systems of the Human Body. St. Louis, MO: Milliken.

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T • Wagner, G. Science Games and Activities. New York, NY: Macmillan Co., 1972.

P/U • Wolf, B. Anna's Silent World. New York, NY: Lippincott, 1977.

LANGUAGE IMPAIRED

LANGUAGE IMPAIRED

DEFINITION - A language impaired child has difficulty processing symbols used in language. These children have a difficult time communicating according to grammatical and semantic rules. They cannot derive meaning from what they hear and/or are unable to express their idease in words

CAUSE - Language impairment is caused by either organic or functional causes. Organic disorders are caused by a neurological or structural abnormality. Functional disorders are caused by psychological or environmental factors.

MINIMUM COMPETENCIES

Upon completion of an eight (8) week implementation of project "Teach 'n' Reach" Language Impaired unit, students will obtain the following minimum competencies:

- Students will be able to name three anatomical structures of the brain.

  - Cerebrum - Cerebellum - Medulla

- Students will be able to identify three out of five areas of a model brain.

  - Speech - Motor - Vision - Auditory - Language

- Students will be able to identify one out of five causes of a language disability.

  - Psychological - Heredity - Accident - Prenatal Trauma (medication, accident, diet) - Neurological

- Students will be able to define the differences between expressive and receptive language as evaluated by the classroom teacher.

- Students will be able to list two out of four skills which require language development.

  - Reading - Understanding - Listening - Talking

STRATEGIES FOR MINIMIZING DIFFERENCES

Things to remember when reviewing this information:

- There is as much variation among students within any one category as there is between categorized students and their handicapped peers.
- The limitations of the disability will not occur equally in all situations.
- Don't let the label or category define the child. The information is intended only as a guide, not a rule.
- When using the information to answer other students' questions, specify observable behaviors avoiding the use of labels.
- Emphasize ways in which students and teachers can adapt and modify the environment to meet the needs of the handicapped student.

- Provide a model of acceptance for the students to follow. Show by actions that the language disorder makes no difference with respect to friendship, academic status, or any other relationship in school.
- Provide a variety of language experiences through which the student can experience success. Get help from the speech therapist to do this.
- Encourage the students to talk about activities they're involved in outside of school.
- Children with language impairments may need to hear a word, expression, sound, or concept used appropriately many times before they will be able or willing to use it.

(continued)

STRATEGIES FOR MINIMIZING DIFFERENCES, continued

- Maintain awareness that you, the teacher, are a language and speech model for students.
- Give the child opportunities to speak without interruption or pressure. Don't finish sentences for the child or add words.
- Ask the children open-ended rather than yes-no questions.
- If you get no response, repeat the question or statement, using natural gestures.
- Listen to what students have to say and listen attentively with active interest. Do not look away from the student. Do not break eye contact.
- Help a child learn to recognize the source of a sound, where a sound is coming from. Not all students need this help; therefore, you should check with the therapist.
- Help younger students learn to recognize when two sounds are the same or different.
- Seek information concerning techniques used during therapy.
- Assist the speech therapist in providing a comprehensive oral language program.
- Provide the child with extra time for oral responses.
- Provide the child with model language examples.
- Provide the child with a variety of ways to demonstrate skill acquisition in addition to an oral response.
- Say student's name before addressing him or asking him to recite.
- Try not to give lots of oral instructions; they may be overly confusing.
- Language impaired children should not be excused from normal responsibility or normal tasks which he can do.

(continued)

STRATEGIES FOR MINIMIZING DIFFERENCES, continued

- Whenever possible, give the language impaired child reasonable choices and then hold him responsible for the decision he makes.
- Most behavior problems are the result of the frustration felt by the child with a language impairment. Behavior problems are a result - not the cause.
- Mistakes classified as "careless" are often indications of a language problem. Letters, syllables and words may be reversed, rotated or omitted (girl = gril, saw = was, 296 = 269).

LANGUAGE DEVELOPMENT

We need to look at normal language development in order to recognize the kinds of problems the language impaired child will demonstrate.

The normal child first gains an auditory recognition of words by hearing the constant repetition of such familiar words as "mama," "baby," and others. He learns to repeat some of the words he hears most commonly. In the beginning he may repeat these words without association but gradually he learns their meaning and uses them appropriately. As his language develops over a period of years, he learns to formulate in sentences, gradually acquiring a high degree of development in oral language.

At the peak of development of his language the adult has at his command the diction and semantics of both spoken and written language. While language functions do not develop independently of one another in the retraining process of language impaired children, functions frequently return in the order of their original development: comprehension of spoken language, motor speech patterns, nameing and formulation, reading and writing.

The Normal Language Development Scale which follows will note the acquisition of language by ages.

NORMAL LANGUAGE DEVELOPMENT SCALE

AGE	RECEPTIVE LANGUAGE DEVELOPMENT	EXPRESSIVE LANGUAGE DEVELOPMENT
6 months	Locates source of bell rung out of his/her sight.	Babbles; vocalizes for social contact.
1 year	Comes when called; goes short distances to particular points when directed.	Imitates a number of syllables as well as sounds. Vocalizes two "words" other than "ma-ma" and "da-da."
1 1/2 years	Recognizes (and points to) hair, mouth, ears and hands when they are named. (Where are your eyes, etc.?) Follows two commands.	Has a vocabulary of as many as ten sizable words; he/she names "ball" when shown it. May name one picture (dog, shoe, cup, etc.). Asks for wants by naming objects: milk, cookie, etc. Leaves off beginning and ending of phrases; common expression is "all gone."
2 years	Carries out four instructions with the ball: "Put it on the chair." "Put it on the table." "Give it to mother." "Give it to me." Identifies five or more pictures.	Vocabulary may exceed fifty words; uses simple three word sentences; uses pronouns I, me and you, although not always correctly.
2 1/2 years	Recognizes objects by function: "Show me what we drink out of." "Show me what we buy candy with."	Gives his full name. Gives use of objects.
3 years	Comprehension of one question: "What must you do when you are sleepy? (hungry, cold)	Vocabulary has innumerable words; he speaks in well-formed simple sentences.

(continued)

NORMAL LANGUAGE DEVELOPMENT SCALE, continued

AGE	RECEPTIVE LANGUAGE DEVELOPMENT	EXPRESSIVE LANGUAGE DEVELOPMENT
3 1/2 years	Interpretation of pictures: "Look at these two pictures. See what they are doing here and here." "Which one tells you (or makes you think) that it is night time?"	Relates experiences with sequential and coherent content and relevant detail.
4 years	Comprehension of questions: "What must you do when you are sleepy, hungry or cold?" Naming objects from memory.	Vocabulary in excess of 1500 words. Memory for sentences: Say "big boy." Now say, "I am a big boy."
4 1/2 years	Number concept of 2. Put 2 blocks in front of 5 blocks. Ask, "How many?" Opposite analogies. Say, "Brother is a boy. Sister is a _____." Comprehension "Why do we have houses?"	Reads and tells a familiar story by way of pictures ("Three Bears," etc.).
5 years	Can identify four colors. Carries out, in order, a command containing three parts.	Gives a descriptive comment while naming the objects in a composite picture.
6 years	Knows right and left. Number concept to 10. Understands the following concepts: "More and less" "A pair" "Many and few" "Across" "Morning and afternoon"	Vocabulary in excess of 2500 words.

GLOSSARY

- Aphasia - an impairment of the powers to express or receive spoken or written language.
- Expressive - the language mode used to speak, write or gesture.
- Linguistics - the science of language study.
- Morphology - the pattern of word formation: tense, person, number, case.
- Phonology - the study of speech sounds.
- Receptive - the inner language concepts and/or understanding of language.
- Semantics - word meaning
- Syntax - the word order or structure of a sentence.

MATERIALS	PURCHASING ADDRESS
BOOKS	
• The Communicatively Disordered Child	Teaching Resources 50 Pond Park Road Hingham, MA 02043
HANDMADE MATERIALS and MISCELLANEOUS	
• Puppets	Donald Ave Star Route Box 153 Spring Valley, CA 92077
FILMSTRIPS and SLIDES	
• Hello Everybody, Part 1	James Stanfield Film Association P. O. Box 851 Pasadena, CA 91102
MOVIES	
• "Gateways To The Mind"	Pacific Telephone 525 B. St. Room 1951 San Diego, CA 92112
• "Listening, Speaking And Non-Verbal Skills"	BFA 2211 Michigan Avenue Santa Monica, CA 90406
• "You And Your Five Senses"	Walt Disney Films 500 S. Buena Vista Street Burbank, CA 91521
• "You're Not Listening"	Barr Films P. O. Box 5667 Pasadena, CA 91107

AGENCIES

- C.A.N.H.C. (California Association for Neurologically Handicapped Children)
  P. O. Box 20013
  San Diego, CA 92120
  284-2273

- San Diego State University
  Department of Communication Disorders
  San Diego, CA 92182
  265-6477 and 265-6774

Key: P - Primary
U - Upper
T - Teacher

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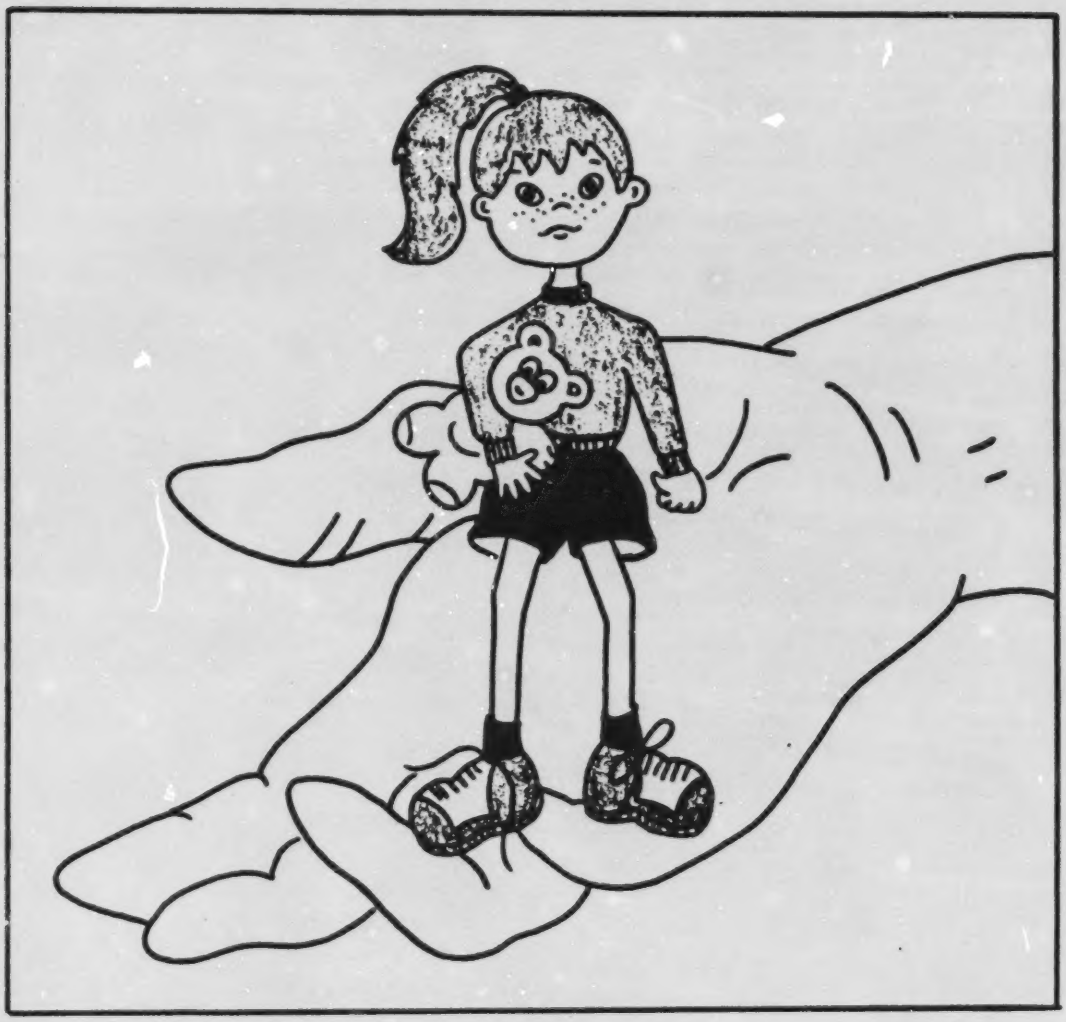
DEVELOPMENTALLY DISABLED



DEVELOPMENTALLY DISABLED

DEFINITION - Controversy has always surrounded the terminology, classification and definition of mental retardation. The most widely accepted definition of mental retardation is the definition outlined by the A.A.M.D.:

> *Mental retardation refers to significant sub-average general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period.*

Three key elements in this definition are:

- Low intellectual functioning;
- Deficiency in adaptive behavior; and
- Acquired during developmental period.

CAUSE - The cause of mental retardation can be the result of accident or injury before, during or after birth, genetic anomalies, prenatal disease, brain damage due to toxic agents, RH incompatibility or PKU, trauma and disorders of metabolism or nutrition.

MINIMUM COMPETENCIES

Upon completion of an eight (8) week implementation of project "Teach 'n' Reach" Developmentally Disabled unit, students will obtain the following minimum competencies:

- Students will be able to identify two out of eight causes of retardation.
  - Down's Syndrome (Mongoloid - excessive chromosomes)
  - Hydrocephaly and Microcephaly (fluid in the brain)
  - Accident
  - Birth Defect
  - Hereditary
  - Poor Diet
  - Excessive or insufficient chromosomes
  - Disease (Rubella - Meningitis - Encephalitis)
- Students will be able to name one out of the four brain lobes.
  - Frontal - Occipital - Parietal - Temporal
- Students, as evaluated by the classroom teacher, will be able to recognize that the retarded have degrees of competency.
  - Mild - Moderate - Severe - Profound Retardation
- Students will be able to list five out of ten similarities between themselves and a Down's Syndrome Child.
  - Eye color - Hair color - Number of fingers - Sex - Height - Etc.

STRATEGIES FOR MINIMIZING DIFFERENCES

Things to remember when reviewing this information:

- There is as much variation among students within any one category as there is between categorized students and their handicapped peers.
- The limitations of the disability will not occur equally in all situations.
- Don't let the label or category define the child. The information is intended only as a guide, not a rule.
- When using the information to answer other students' questions, specify observable behaviors avoiding the use of labels.
- Emphasize ways in which students and teachers can adapt and modify the environment to meet the needs of the handicapped student.

- Establish simply stated instructions to be used with short assignments.
- Develop realistic expectations of the child's abilities. Maximize each student's potential.
- Expect the child to work up to his abilities and to produce the best he can.
- Provide concrete, practical experiences. This can be accomplished by the use of pictures, films, slides, three-dimensional objects, and role-playing.
- Break tasks down into small sequential steps.
- Use shorter assignments with a variety of materials, while keeping the student on the same subject as the rest of the class.

(continued)

STRATEGIES FOR MINIMIZING DIFFERENCES, continued

- To minimize confusion, present a limited number of concepts during any one lesson.
- Devise a variety of approaches for teaching the same concept. This will reinforce new learning and encourage the student to apply the concept in different situations.
- Reinforcement of learning also occurs when material is reviewed over time in different contexts.
- If a student has difficulty in following through on an assignment, check to make sure the directions are clearly understood by having the student repeat the instructions back to you.
- Structure and encourage peer interactions. These student relationships will provide an opportunity for modeling of age-appropriate social behavior.
- Create a position of esteemed responsibility by using peers as academic tutors. Don't forget that mentally retarded students have an opportunity to increase their self-respect by being given the responsibility of tutoring younger students. This experience also demonstrates that all students can both give and receive help in a positive way.
- Provide the child with extended readiness experiences and opportunities to manipulate three-dimensional objects.
- Provide the child with sequenced lessons to enhance transfer of learning from one situation to another.
- Provide the child with experiences within the immediate environment.
- Provide the child with continuous and immediate feedback, reinforcement and praise.

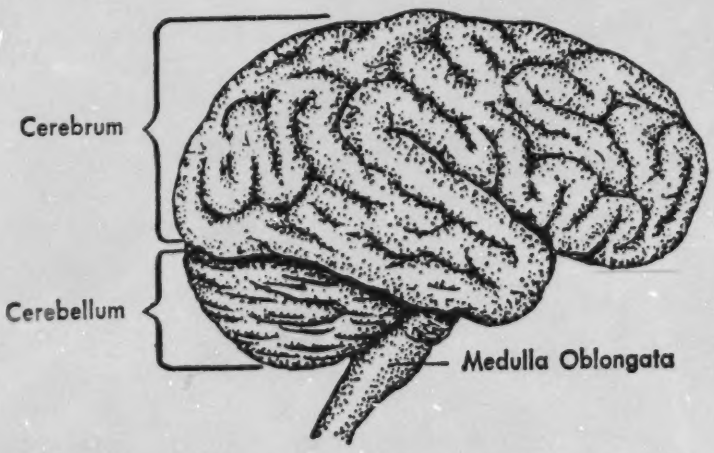
THE BRAIN

The brain is the center of the nervous system. It is the soft mass of nerve tissue encased in the skull. The brain consists of billions of cells with a total weight of about two and a half to three pounds in adults.

The main structures of the brain are the cerebrum, the cerebellum and the medulla oblongata. The cerebrum consists of two hemispheres and each controls the opposite side of the body. The left hemisphere controls speech, auditory comprehension and fine motor skills of the right side. The right hemisphere controls perception and spatial orientation, auditory discrimination and fine motor skills of the left side. The cerebrum is the center of all human activities. It includes: taste, hearing, speech, memory, logic and imagination.

Behind and below the cerebrum is the cerebellum, which is the center of muscular coordination and balance. The third structure is the medulla oblongata. It is the part of the brain leading to the spinal cord.

The entire brain is cushioned in a liquid medium called the cerebrospinal fluid. The brain also has a tough, protective outer membrane, the dura mater. The brain has no capacity to repair itself, but



(continued)

the cells of the cortex are able to gradually take on new functions if a limited area is injured and since the two hemispheres duplicate each other to a certain extent, one can take over some of the functions of the other.

Glemser, B. All About the Human Body. New York: Random House, 1958.

DEVELOPMENTAL INVENTORY

AVERAGE AGE	MOTOR DEVELOPMENT	LANGUAGE
4 weeks	Lifts head briefly from prone position	Reflex vowel sounds
12 weeks	Up on forearms	Turns toward sounds Smiles
16 weeks	Head erect Plays with rattle	Laughs
6 - 8 months	Sits with props	Turns toward speaker Vowel-like cooing sounds Also consonants and nasals
8 - 10 months	Sits Stands holding on to object	Single babbeling syllables such as: ba, da, ma
10 - 12 months	Creeps Holding on pulls to a standing position	Imitates sounds Responds to "no" Understands own name Says one word with meaning
12 - 18 months	Walks when held by one hand	Understands simple commands: "show me your eyes" repertoire of three to fifty words
18 - 24 months	Squats Walks Runs	Two to three-word phrases Answers simple questions

GLOSSARY

- Amniocentesis - a medical procedure whereby a needle is inserted into the woman's uterus for removal of amniotic fluid.
- Cerebellum - the back area of the brain which coordinates muscle movement and balance.
- Cerebrum - main portion of the brain occupying the top portion of the skull and where our mental activity takes place.
- Chromosome - a body present in every cell which carries the genes.
- Congenital - disease or condition present at birth and that is not necessarily hereditary.
- Down's Syndrome - a congenital condition resulting in mental retardation due to excessive chromosome.
- Gene - a unit in the chromosome that determines inherited characteristics.
- Hydrocephalus - a condition resulting in an abnormal enlargement of the head which is caused by cerebrospinal fluid in the ventricles of the brain.
- Intelligent Quotient - a score obtained on an intelligence test.
- Medulla Oblongata - connection between the brain and the spinal cord and controls involuntary functions.
- Microcephaly - a condition resulting in insufficient cerebrospinal fluid.
- Mongolism - See Down's Syndrome.
- Phenylketonuria (PKU) - a birth defect in body metabolism.
- Shunt - a tube placed under the skin behind the ear to drain off excessive fluid through the jugular vein or to the ureter.

MATERIALS	PURCHASING ADDRESS
BOOKS	
• Be My Friend Coloring Book	Canadian Council on Children and Youth 323 Chapel Ottawa, Ontario KIN 722
• The Body Book	Active Learning Systems 13906 Ventura Blvd. Suite 192 Sherman Oaks, CA 91423
• Do Bananas Chew Gum?	Lothrup, Lee and Shepherd William Morrow & Co. Wilmore Warehouse 6 Henderson Drive W. Caldwell, NJ 07006
• He's My Brother	Albert Whitman 560 W. Lake Street Chicago, IL 60606
• Jono	Prentice Hall Order from: Western Library Service 7262 Beverly Blvd. Los Angeles, CA 90036
• Kelly's Creek	Thomas Cronwell Publishing Co. 10 E. 53rd Street New York, NY 10022
• Mainstreaming the Mentally Retarded Child	Learning Concepts Order from: Teaching Resources 100 Boylston Boston, MA 02116
• My Brother is Special	Westminster Press Order Department P. O. Box 718 William Penn Annex Philadelphia, PA 19105
• My Brother Steven is Retarded	McMillan Publishing 866 Third Street New York, NY 10022

(continued)

	PURCHASING ADDRESS
• Summer of the Swans	Avon Camelot Books Order from: San Diego Periodical Distributors 4645 Morena Blvd. San Diego, CA 92138
• Take Wing	Little, Brown and Co. Order from: Western Library Service 7262 Beverly Blvd. Los Angeles, CA 90036
• What If You Couldn't? A Book About Special Needs	Charles Scribner's Sons Western Library Service 7262 Beverly Blvd. Los Angeles, CA 90036

FILMSTRIPS and SLIDES

• Hello Everybody, Part 4	James Stanfield Film Association P. O. Box 851 Pasadena, CA 91102
• Like You, Like Me "Let Me Try"	Encyclopedia Britannica Educational Corporation 425 North Michigan Avenue Chicago, IL 60611
• Slides of Equipment and People	La Mesa-Spring Valley School District Project ESEA Title IV-C "Teach 'n' Reach"
• Understanding Differences "People Say I'm Slow"	Learning Tree Filmstrips P. O. Box 3009 Englewood, CO 80155

HANDMADE MATERIALS and MISCELLANEOUS

• Pictures of Deviant Behavior	La Mesa-Spring Valley School District Project ESEA Title IV-C "Teach 'n' Reach"
• Puppets	Don Ave Star Rt. Box 153 Spring Valley, CA 92077

(continued)

MATERIALS, continued

	PURCHASING ADDRESS
• Super Simon	Milton Bradley Co. P. O. Box 2888 Springfield, MA 01101

KITS

• Accepting Individual Differences	Developmental Learning Materials 7440 Natchez Avenue Niles, IL 60648
• Kids Come in Special Flavors	The Kids Come in Special Flavors Co. Box 562, Forest Park Station Dayton, OH 45405
• Master Kit for "What If You	Selective Educational Equipment, Inc. Three Bridge Street Newton, MA 02195

MODELS, CHARTS and POSTERS

• Brain Model	Sargent-Welch 7300 N. Linder Avenue Skokie, IL 60076
• Exceptional Children Posters	Argus Communication 7440 Natchez Avenue Niles, IL 60646
• Systems of the Human Body	Milliken Publishing Co. 1100 Research Blvd. St. Louis, MO 63132

MOVIES

• "Gateways To The Mind	Pacific Telephone 525 B. Street Room 1951 San Diego, CA 92112

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MATERIALS, continued

	PURCHASING ADDRESS
• "The Hayburners"	Learning Corporation of America 1350 Avenue of the Americas New York, New York 10019
• People You'd Like To Know "Paige"	Encyclopedia Britannica Educational Corporation 425 North Michigan Avenue Chicago, IL 60611

RECORDS

• "Put On a Handicap"	Kimbo Educational Records P. O. Box 477 Long Branch, NH 07740

TRANSPARENCIES and DUPLICATING MASTERS

• Systems of the Human Body	Milliken Publishing Co. 1100 Research Blvd. St. Louis, MO 63132

AGENCIES

- American Association for Education
  of Severely Handicapped
  1600 West Armory Way
  Seattle, Washington 98119

- The Donut Shop 464-3882
  8808 La Mesa Blvd.
  La Mesa, CA 92041

- Home of Guiding Hands 448-3700
  10025 Los Ranchitos Road
  Lakeside, CA 92040

- San Diego Association for the Retarded 697-8068
  2910 Main Street
  Lemon Grove, CA 92045

  or

  3035 G Street 234-6711
  San Diego, CA 92102

- San Diego Regional Center for 292-2996
  Developmentally Disabled
  8100 Frost
  San Diego, CA 92123

Key: P - Primary
U - Upper
T - Teacher

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T • Bellin, C. The Body Book. Sherman Oaks, CA: Active Learning Systems, 1980.

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U/P • Brightman, A. Like Me. Boston, MA: Little, Brown and Company, 1976.

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U • Christopher, M. Long Shot for Paul. Boston, MA: Little, Brown and Company, 1966.

P/U • Cummings, M. Individual Differences, "Oscar's New Friend." San Diego, CA: San Diego County Department of Education.

U • Friis, B. Don't Take Teddy. New York, NY: Scribner and Sons, 1967.

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P/U • Green, M. Is It Hard? Is It Easy? New York, NY: William R. Scott Publishers, 1960.

U • Heidi, F. The Key. New York, NY: Atheneum, 1971.

U • Hunt, N. The World of Nigel Hunt. New York, NY: Garrett, 1967.

U • Kamien, J. What If You Couldn't? A Book About Special Needs. New York, NY: Scribner and Sons, 1979.

P/U • Lasker, J. He's My Brother. Chicago, IL: Whitman and Co., 1974.

P/U • Ominsky, E. Jono. Englewood Cliffs, NJ: Prentice Hall, 1977.

T • Parks, A. Mainstreaming the Mentally Retarded Child. Austin, TX: Learning Concepts, 1977.

U • Smith, D. Kelly's Creek. New York, NY: Thomas Crowell Co., 1975.

P • Sobol, H. My Brother Steven is Retarded. NY, NY: Macmillan Company, 1977.

P/U • Wartshi, M. My Brother is Special. Philadelphia, PA: Westminster Press.

LEARNING DISABLED

LEARNING DISABLED

DEFINITION - Children who demonstrate a discrepancy between expected ability and actual achievement in one or more areas (language, reading, mathematics, spelling, listening, thinking), although they are within the normal range of intelligence, are referred to as learning disabled.

CAUSE - There are various theories concerning the causes of learning disabilities. Among the prevalent theories are: minimal brain damage, poor development of cerebral dominance, inheritance, dietary deficits and/or drug abuse.

MINIMUM COMPETENCIES

Upon completion of an eight (8) week implementation of project "Teach 'n' Reach" Learning Disabled unit, students will obtain the following minimum competencies:

- Students will be able to identify three out of five areas on a model brain.
  - Speech - Motor - Vision - Auditory - Language
- Students will be able to identify two out of four brain lobe areas on a model brain.
  - Frontal - Parietal - Occipital - Temporal
- Students will be able to identify one out of four academic areas that learning disabled students have difficulty with.
  - Reading - Math - Writing - Language
- Students will be able to identify one out of three theories as to the causes of a learning disability.
  - Minimum Brain Damage - Heredity - Diet
- Students will be able to identify three out of six symptoms associated with a learning disability.
  - Short Attention Span - Restlessness - Hyper- or Hypo-Active - Difficulty in Organizing or Remembering
- Students will be able to list one out of three modes of learning.
  - Visual - Auditory - Kinesthetic
- Students will be able to identify two out of four terms associated with learning disabilities.
  - Auditory Memory - Visual Perception - Agraphia - Figure-Ground

STRATEGIES FOR MINIMIZING DIFFERENCES

Things to remember when reviewing this information:

- There is as much variation among students within any one category as there is between categorized students and their handicapped peers.
- The limitations of the disability will not occur equally in all situations.
- Don't let the label or category define the child. The information is intended only as a guide, not a rule.
- When using the information to answer other students' questions, specify observable behaviors avoiding the use of labels.
- Emphasize ways in which students and teachers can adapt and modify the environment to meet the needs of the handicapped student.

- Individualize a program for the student based on knowledge of strengths, needs, levels of academic achievement, and emotional status.
- Do not restrict teaching to either strengths or weaknesses alone.
- Because students with learning disabilities have often experienced frustration with certain academic tasks, it is important that the teacher anticipate potential problem areas and carefully plan experiences to maximize success and minimize failure and frustration.
- Present information and instructions in more than one way (e.g., written, verbal, demonstration, etc.).
- If the student loses interest in an activity and becomes inattentive, reduce the length of assignments. This will allow him more success as well as exposing him to a variety of tasks which will stimulate his attentiveness.

(continued)

STRATEGIES FOR MINIMIZING DIFFERENCES, continued

- Make sure each goal is divided into smaller tasks so the student can gradually attain the desired skill through a series of successful achievements.
- Reinforcement of learning also occurs when material is reviewed over time in differenc contexts.
- A contract approach is very useful in helping the student with learning disabilities accomplish short-range goals. A contract is an agreement that the child will finish a specific task or change a certain behavior. A contract may specify the reward to be given upon completion of the agreement.
- Structure the day and establish routine. Involve the student in planning and scheduling. It may help some students to check activities off the daily schedule as they are completed.
- Class rules should be specified and discussed. Consistency in following through with consequences is important and exceptions to the rule should be explained.
- If a student has difficulty in following through on an assignment, check to make sure the directions are clearly understood by having the student repeat the instructions back to you.
- Make sure you have the student's attention before giving directions or instructions.
- Help the student develop strategies for organizing their time and materials.
- When the child is working at his seat and getting restless, stand near the child. Touching also has a relaxing effect for some students.

(continued)

STRATEGIES FOR MINIMIZING DIFFERENCES, continued

- The child who has difficulty sitting should be afforded frequent opportunities for movement, such as distributing and collecting materials, erasing the blackboard, and running errands.
- Do not assume that all students need perceptual training.
- Send notes home to parents stressing positive growth. Share the contents of the note with the student.
- To determine what works best for the learner:
  - Ask the student
  - Observe the student. He or she will tend to use the strategies which work best for him/her.
  - Use what has worked in other situations with that student.
  - Give the student choices.
- Provide the child with a multisensory approach.
- Provide the child with a highly structured learning experience and with a minimum of extraneous stimulation.
- Provide the child with self-evaluation experiences.
- Provide the child with recognition of tasks completed.

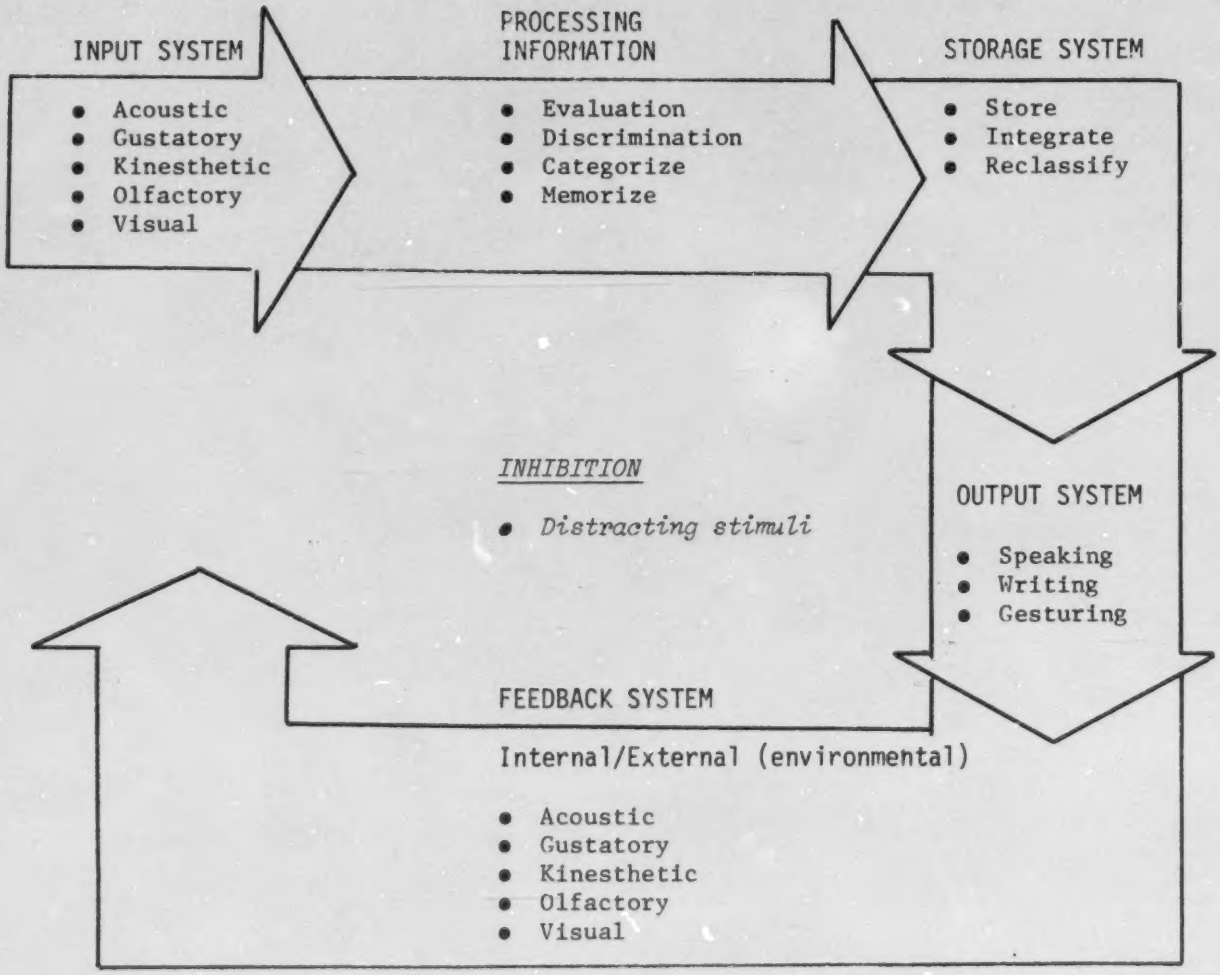
COGNITIVE PROCESSING THEORY

When a student becomes an active participant in a learning process, the educator manipulates the input system. The student then processes, stores and retrieves information prior to a creative, meaningful, constructive output and acquisition of feedback from his/her internal-external environment.

The modalities or pathways taken for learning to occur are divergent and should be viewed as the end to which educational input is the means. If these pathways are severed, the vehicle for learning becomes slow and a lack of motivation can occur.

Many cognitive models have been developed in the past. One simplified way to look at the learning process is diagramed on the following page.

COGNITIVE PROCESSING MODEL



GLOSSARY

- Agraphia - inability to use motor skills to produce handwriting.
- Alexia - the loss of ability to read written or printed symbols.
- Aphasia - the loss of ability to use expressive or receptive language.
- Auditory memory - the ability to retain and recall information presented orally.
- Auditory perception - the ability to interpret and organize information presented orally.
- Auditory sequencing - the ability to recall in correct order and detail prior oral information.
- Classify - to arrange or organize by groups.
- Directionality - the ability to know one's body position in space.
- Discrimination - the ability to make a distinction or observation between features.
- Distractibility - difficulty in maintaining focused attention.
- Dyscalculia - expressive or receptive difficulty in arithmetic.
- Dyslexia - inability to read.
- Figure/ground - the ability to discriminate between foreground and background.
- Hyperactive - inability to maintain a focused concentrated attention on one activity.

(continued)

GLOSSARY, continued

- Hyperkinesis - constant excessive activity synonymous with hyperactivity.
- Hypokinesis - lack of movement, listlessness.
- Integrate - to bring together or to incorporate into a whole.
- Laterality - consistent right or left sided approach in use of eyes, hands and feet in tasks as kicking a ball, cutting paper or sighting with a telescope.
- Sequence - the ability to follow in succession; to foresee a result or consequence.
- Visual memory - the ability to recall in correct order and detail prior visual information.
- Visual figure/ground differention - the ability to identify objects in foreground and background and to separate them meaningfully.
- Visual perception - the ability to identify, organize and interpret visual information.

MATERIALS	PURCHASING ADDRESS
BOOKS	
• Kelly's Creek	Thomas Cromwell Publishing Co. 10 E. 53rd Street New York, NY 10022
• The Learning Disabled Child, a School and Family Concern	Research Press Company 2612 No. Mattis Avenue Champaign, IL 61820
• Mainstreaming Children With Learning Disabilities	Learning Concepts Order from: Teaching Resources Corporation 50 Pond Park Road Higham, MA 02043
• Take Wing	Little, Brown & Co. Order from: Western Library Service 7262 Beverly Blvd. Los Angeles, CA 90036
• Teaching Children With Learning and Behavioral Problems	Allyn and Bacon, Inc. 470 Atlantic Avenue Boston, MA 02210
• What's the Difference?	Human Policy Press P. O. Box 127, University Station Syracuse, NY 13210
FILMSTRIPS and SLIDES	
• Hello Everybody, Part 5	James Stanfield Film Association P. O. Box 851 Pasadena, CA 91102
• Understanding Differences "I Can't Read"	Learning Tree Filmstrips P. O. Box 3009 Englewood, CO 80111
• Understanding Differences "People Say I'm Slow"	Learning Tree Filmstrips P. O. Box 3009 Englewood, CO 80111

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MATERIALS, continued

	PURCHASING ADDRESS
HANDMADE MATERIALS and MISCELLANEOUS	
• Puppets	Donald Ave Star Route Box 153 Spring Valley, CA 92077
KITS	
• Master Kit for "What If You Couldn't...?" Learning Disabled Unit	Selective Educational Equipment, Inc. Three Bridge Street Newton, MA 02195
MOVIES	
• "Be Smart, Don't Start"	Aims Media, Inc. 626 Justin Avenue Glendale, CA 91711
• "Cipher In The Snow"	Brigham Young University Media Marketing, W-STAD Provo, UT 84602
• "Drugs Are Like That"	Benchmark Films 145 Scarborough Road Briarcliff Manor, New York 10510
• "Eat, Drink And Be Wary"	Churchill Films 662 N. Robertson Boulevard Los Angeles, CA 90069
• "Gateways To The Mind"	Pacific Telephone 525 B. St. Room 1951 San Diego, CA 92112
• "You're Not Listening"	Barr Films P. O. Box 5667 Pasadena, CA 91107
• "Your Nervous System"	Coronet Films %John Grace 207 Calle Serena San Clemente, CA 92672

AGENCIES

- Association for Children
  with Learning Disabilities
  5225 Grace Street
  Pittsburgh, PA 15236

- C.A.N.H.C. (California Association
  for Neurologically Handicapped Children)
  C.A.N.H.C.-A.C.L.D.
  P.O. Box 4874
  San Diego, CA 92104-0874

- Kaiser Permanente Medical Group 563-3034
  Learning Disability Diagnostic Center
  8010 Parkway Dr.
  La Mesa, CA 92041

- Learning Development Services 276-6912
  3754 Clairemont Drive
  San Diego, CA 92117

- National Association for Brain
  Injured Children
  95 Madison Avenue
  New York, New York 10016

Key: P - Primary
U - Upper
T - Teacher

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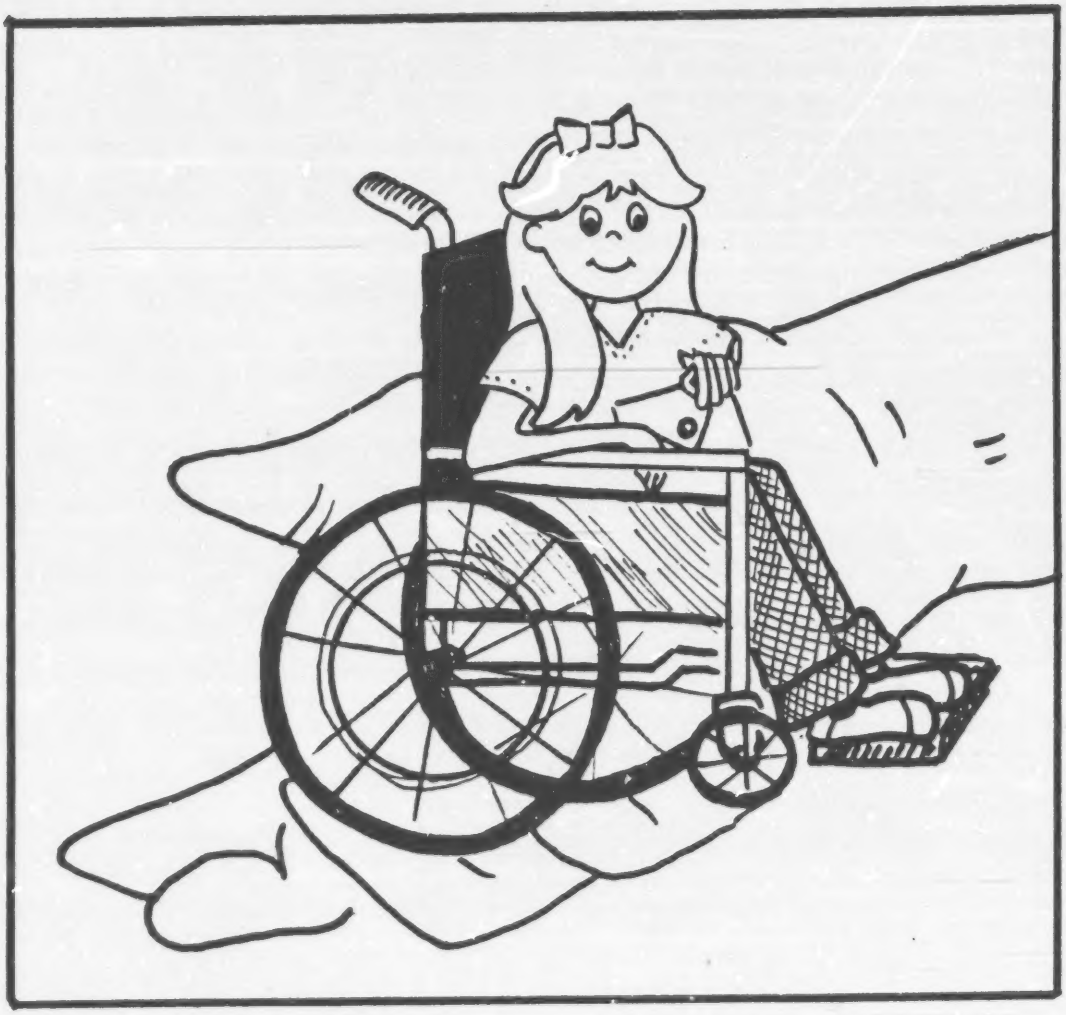
PHYSICAL AND HEALTH IMPAIRED



PHYSICAL AND HEALTH IMPAIRED

DEFINITION - A physical disability is a condition which prohibits or impedes normal use and/or development of gross or fine motor abilities. Some of the more common visible physical disabilities that create motor impairment include:

- Arthritis, which is an inflammation of skeletal joints (osteoarthritis and rheumatoid).
- Cerebral palsy, which is a disorder of the central nervous system resulting in athetoid (an uncontrolled and continuous physical movement), spasticity (stiffness of physical movement), and ataxic (sense of balance and depth perception are disturbed).
- Cystic fibrosis, which is a disease of sweat and muscle secretion glands where the lungs and pancreas become involved.
- Dwarfism, which is an abnormal physical development.
- Missing limb indicates a missing or removed limb(s).
- Multiple sclerosis, which is a neurological disease afflicting the central nervous system (brain and spinal cord).
- Muscular dystrophy, which designates a group of chronic muscle destroying disorders which vary in hereditary cause, symptoms, age of onset and rate of progression. More than forty different types of neuromuscular diseases have been identified.

DEFINITION - A health impairment refers to an illness of a chronic nature and/or prolonged convalescence. Conditions involving a health impairment include:

- Asthma, which is a disease of the bronchial tubes in which the individual has difficulty breathing.

(continued)

DEFINITION, continued

- Cancer, which is an uncontrolled, abnormal growth of malignant cells.
- Cardiac condition, which indicates a disorder or disease of the heart.
- Epilepsy, which is a chronic disorder of the central nervous system where there is periodic loss of consciousness and/or convulsive seizures. The four kinds of seizures are grand mal (tonic-clonic), which is the severest type of seizure; petit mal, a lesser type seizure; psychomotor (partial) seizure which exhibits restless, confused or patterned movement; and Jacksonian, where there is a loss of control of one side of the body.

CAUSE - The major causes of physical and health impairments are:

- Arthritis (rheumatoid), the precise cause of which is not yet known, however, a latent virus is suspected of triggering the inflammation; and arthritis (osteoarthritis), which is caused by the wearing of cartilage and bone endings due to old age.
- Asthma, which has two major causes; the first is an infection of the nose, sinuses, bronchi or lungs; and the second is caused by an allergic reaction.
- Cancer, the essential cause of which is still unknown. Predisposing factors, however, are degenerative change, old age, chronic inflammation, repeated injury and irritation.
- Cardiac condition, which may be caused by birth defect, coronary thrombosis (a blood clot blocking an artery), arteriosclerosis (hardening of the arteries), or high cholesterol.

(continued)

CAUSE, continued

- Cerebral palsy, which may be due to incompatible blood types of parents, insufficient oxygen before birth, premature birth, prolonged fever, infectious disease or an accident involving the brain.
- Cystic fibrosis, which is a hereditary disease whereby both parents carry a predisposing factor in their genes as a recessive trait.
- Dwarfism, which may be caused by deficient diet, pituitary gland disturbance or thyroid deficiency.
- Epilepsy, which is caused by abnormal electrical discharges that are a result of damaged brain tissue due to poor prenatal nutrition, maternal infection, a head injury, loss of oxygen, brain infection or a brain tumor.
- Missing limbs, which can be caused by amputation, birth defects or an accident.
- Multiple sclerosis, which is caused by the formation of sclerosis (hardened patches due to inflammation) on the nervous sheaths of the brain and spinal cord. The cause of this formation is still unknown.
- Muscular dystrophy, which is a hereditary condition with the genetic defect transmitted by one parent in some forms of the disease and by both parents in other types. There are many cases of muscular dystrophy, however, with no known history of the disease.

MINIMUM COMPETENCIES

Upon completion of an eight (8) week implementation of project "Teach 'n' Reach" Physical and Health Impaired unit, students will obtain the following minimum competencies:

- Students will be able to label three out of six physical disabilities.
  - Cerebral Palsy - Muscular Dystrophy - Arthritis - Dwarfism - Missing or Deformed Limbs - Spinal Cord Injuries
- Students will be able to list three out of five appliances used by the physically disabled.
  - Cane - Crutch - Wheelchair - Brace - Artificial Limb
- Students will be able to label two out of five muscles.
  - Deltoid - Biceps - Triceps - Quadriceps - Gastrocnemius
- Students will be able to identify the three parts of the brain.
  - Cerebrum - Cerebellum - Medulla Oblongata
- Students will be able to label one out of three health impairments:
  - Epilepsy - Cancer - Asthma
- Students will be able to identify the causes of:
  - Dwarfism - Epilepsy - Muscular Dystrophy - Asthma - Cerebral Palsy - Arthritis

  as evaluated by the classroom teacher.
- Students will be able to identify three out of nine signs of cancer:
  - Any persistent lump
  - Unusual growth or discoloration
  - Unexplained weight loss
  - Persistent hoarseness
  - Sores that do not heal
  - Unusual discharge or bleeding

(continued)

MINIMUM COMPETENCIES, continued

- Indigestion or difficulty in swallowing
- Change in wart or mole
- Nagging, persistent cough

- Students will be able to label three out of eight bones.
  - Skull - Sternum - Ribs - Ulna - Radius - Patella - Tibia - Metatarsal

STRATEGIES FOR MINIMIZING DIFFERENCES

Things to remember when reviewing this information:

- There is as much variation among students within any one category as there is between categorized students and their handicapped peers.
- The limitations of the disability will not occur equally in all situations.
- Don't let the label or category define the child. The information is intended only as a guide, not a rule.
- When using the information to answer other students' questions, specify observable behaviors avoiding the use of labels.
- Emphasize ways in which students and teachers can adapt and modify the environment to meet the needs of the handicapped student.

ORTHOPEDIC IMPAIRMENTS

- Be familiar with the function of special equipment.
- Watch for signs indicating the malfunction of adaptive equipment.
- Be aware of the student's endurance level and be observant of signs of fatigue.
- School must comply with Section 504 of the Rehabilitation Act of 1973 in providing programs which are accessible for wheelchairs and crutches. This includes ramps at entrances and handbars by drinking fountains and in rest-rooms.
- Students with coordination problems may be assisted by taping papers to the

(continued)

STRATEGIES FOR MINIMIZING DIFFERENCES, continued

ORTHOPEDIC IMPAIRMENTS, continued

desk and using small balls of clay on pencils to help hold the pencil securely.

- Adaptive instructional aids such as adjustable chalkboards, book holders, page turners, adaptive typewriters may be utilized to meet the student's needs.
- Sedentary activities ought to be discouraged since many students with orthopedic handicaps are already somewhat limited in opportunities for physical exercise and tend to become overweight.
- Generally, it is better to concentrate on developing competence in one or two physical activities. By attempting to teach too many recreational activities, the student may never have the opportunity to develop sufficient skills for competency or enjoyment.
- Maximize independence and mobility. Teach other students how to be helpful without promoting dependence.

DIABETES

- Check with parents concerning the possible need for mid-morning or mid-afternoon snacks.
- Avoid scheduling physical education or recess immediately prior to lunch.
- Maintain a supply of candy, raisins, sugar cubes or sweetened fruit juice to use if the student shows signs of an insulin reaction.
- Familiarize classmates about diabetes and inform them to alert you immedediately if the diabetic student exhibits unusual behavior.
- Act quickly but calmly when the student shows signs of an insulin reaction or diabetic coma.

(continued)

STRATEGIES FOR MINIMIZING DIFFERENCES, continued

EPILEPSY

- When a seizure begins, clear the area around the student so that he does not injure himself.
- Do not try to restrain the student's convulsive movements.
- During a seizure, turn the student's head to the side in order to facilitate breathing and to prevent the student from choking on excess saliva.
- Allow the student to rest following a seizure.
- Notify the parents when the student has a seizure.
- Call for a doctor or the paramedics if the seizure lasts more than ten minutes or if another major seizure immediately follows.
- Familiarize the other students with the characteristics of epilepsy and the procedures which should be employed in the event of a seizure.
- Some students with epilepsy may need environmental restrictions in that flashing lights or a flickering movie may precipitate a seizure.
- Orient yourself and your class to the facts about epilepsy in order to ease any anxieties.

GENERAL

- Provide the child with additional time for completing activities.
- Provide the child with the opportunity to develop a positive self-esteem.
- Provide the child with minimal distractions.
- Provide the child with shortened lessons to prevent fatigue.
- Anticipate architectural barriers.
- Provide the child with alternative methods of response.

THE HEART

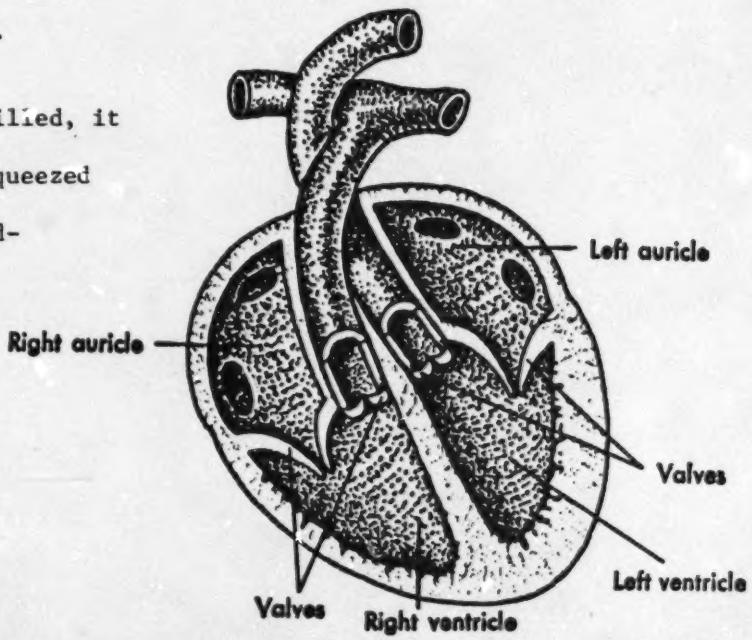
The heart is shaped somewhat like a cone, tilted to one side with the point downward. It lies above the diaphragm between two lungs, almost in the middle of the chest.

The left side is divided into two chambers. The top chamber is called the left auricle; the bottom chamber is called the left ventricle.

The right side is divided in the same way, and its two chambers have similar names: the top is the right auricle, the bottom is the right ventricle.

The vessels which carry blood to the heart are called veins. All the blood from your head, your arms, your legs and your intestines is collected in two large veins which go to the top chamber on the right side of your heart -- the right auricle. As soon as the auricle is filled, it contracts, squeezing the blood into the lower chamber or the right ventricle. Between these two chambers there is a sort of trap door called a valve, which allows the blood to flow only in one direction.

As soon as the ventricle is filled, it contracts, and the blood is squeezed into a large blood vessel leading from the heart to the lungs. Blood vessels carrying blood away from the heart are called arteries.



(continued)

THE HEART, continued

Now two veins from each lung carry the oxygenated blood back to the heart. This time the blood flows into the top chamber on the left side of the heart -- the left auricle.

As soon as the left auricle fills, it contracts, and the blood is squeezed into the lower chamber, the left ventricle. Between these two chambers there is a valve, just as there is between the chambers of the right heart.

When the powerful left ventricle squeezes the blood into the aorta, the walls of this great artery expand. Then they contract, and the contraction helps to push the blood onward. The expansion and contraction set up a wave in the walls of the arteries, and this wave or throb is called the pulse.

The blood has now reached the last stage in its journey through the heart. The left ventricle is the strongest of all the four chambers because when it contracts it must squeeze so hard that the blood will be driven all around your body in about sixty seconds.

Glemser, B. All About the Human Body. New York, NY: Random House. 1958.

THE MUSCLES

Your skeletal system is connected by joints and ligaments and supported by muscles. Sometimes a person will collapse if he has been exerting himself too much, or when he has stayed awake too long. Then he has to sit down or lie down. His muscles have become tired of supporting him, and they need to rest.

There are more than 600 muscles in the human body. In an adult they weigh two and a half times as much as all of the bones put together. The muscles are the flesh which gives your body its basic shape. Most important of all, they give you the power of movement.

A muscle is built of cells. These cells are of a special kind, long and slender. Usually several cells fuse to form a unit called a muscle fiber. The remarkable thing about muscle fibers is that they can contract, or grow shorter.

A muscle consists of many bundles of long, slender muscle fibers. When the fibers are in their normal position, or relaxed, the muscle itself is relaxed. When the fibers contract, the muscle contracts and it grows shorter.

Usually a muscle is attached between two bones. When the muscle is relaxed, nothing happens to the two bones. But as soon as the muscle contracts, the bones and joints move.

Take a look at that muscle called the biceps which is in the front of your upper arm. It is also attached to your forearm. When you flex your arm, this muscle bulges under your skin. It contracts, and as it does this, it draws

(continued)

THE MUSCLES, continued

your forearm upward.

But it is not enough to have a muscle which pulls your forearm up. You need a muscle which pulls the forearm down. So underneath the upper part of your arm, there is another powerful muscle called the triceps. This works in the opposite direction from the biceps. When the triceps contracts, the forearm is drawn downward.

Flexing your forearm, therefore is a double action. Your biceps contracts; your triceps relaxes at the same time. Lowering your forearm is a double action too. Your triceps contracts, and at the same time your biceps relaxes.

This is the secret of most of the muscles in your body. They work together, in pairs and in groups. It is true of the muscles of your legs and the muscles of your fingers, and the six muscles which control the movements of each of your eyes. No single muscle works alone. Each pair of muscles work together to cause opposite movement. But even more than this, the simplest movement brings into action whole groups of muscles. Some of them may be far removed from the part of the body which seems to be doing all the work. For example, if you pull on a rope, your arm muscles are helped by the muscles of your back and your legs and even your toes.

When a muscle contracts, it becomes shorter in length but thicker in the middle. The same thing happens to the bundle of fibers. That is why the biceps bulges when you flex your arm.

Normally when a muscle contracts, only some of the bundles of muscle fibers are called into action because most of the work we do requires only a fairly small effort. But, if we do hard work, more and more of the bundles of fibers are

(continued)

THE MUSCLES, continued

called into action. As a result, the muscle becomes bigger and harder when it contracts. By work or by exercise, you can develop your muscles and make them strong.

We do not need very big, overdeveloped muscles. Indeed, they can become so big that they get in the way of other muscles and slow down our movements. A man who has developed enormous muscles for weight lifting is not likely to be a star tennis player. Athletes have strong muscles, but - even more important - their muscle reactions are quick, and all their muscles work in harmony.

Your bones cannot move by themselves. They are moved by muscles which are attached from one bone to another. The movement takes place only when the muscles contract, or become shorter.

Muscles cannot contract by themselves. They must be told to contract by your brain. A message must come to each muscle from your brain switchboard. This message travels along nerve fibers going to the muscle. When the message reaches the nerve ending in the muscle, the muscle obeys your brain and contracts.

Glemser, B. All About the Human Body. New York: Random House, 1958.

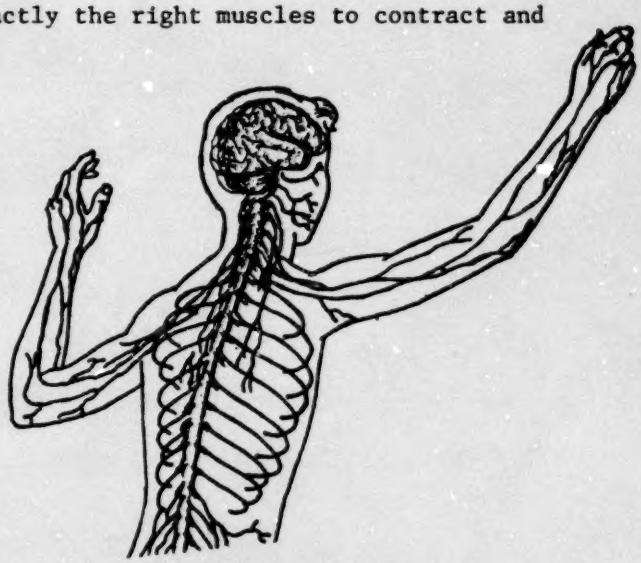
THE NERVOUS SYSTEM

The human brain is like an enormous telephone exchange, with millions and millions of telephone wires going out from its switchboards. The "switchboards" are built of special kinds of cells called nerve cells. The "telephone wires" are called nerve fibers. They reach to every part of your body.

Nerves which go to your muscles and are concerned with movement, are called motor nerves. Nerves which work in the opposite way carrying messages to your brain, are called sensory nerves. They tell you of heat and cold, for example, and wetness and dryness.

We are conscious of many of the things we do such as moving about, writing or reading. These activities are called voluntary, and they are controlled by the Voluntary, or Central Nervous System.

Hundreds of thousands of nerve fibers go to the muscles in your arms and hands. As you reach down to pick up a pin, your brain sends messages to the muscles in perfect order, choosing exactly the right muscles to contract and also the right muscles to relax. Finally, your thumb and forefinger tighten around the pin and pick it up. Then, once again in perfect order, the messages come from your brain to your muscles telling them what to do as you put the pin away in a safe place.



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THE NERVOUS SYSTEM, continued

There are many other activities of which we are not conscious, and these must go on whether we are awake or asleep. The heart, the lungs, the digestive system, for example, must work twenty-four hours a day; and their activities are controlled by the Involuntary, or Autonomic Nervous System.

Glemser, B. All About the Human Body. New York: Random House, 1958.

GLOSSARY

- Abduction - movement of a limb away from the body.
- Adduction - movement of a limb toward the body.
- Amputation - removal of a body part.
- Anticonvulsant - medication used to control seizures.
- Arthritis - inflammation of a joint(s).
- Ataxia - a form of cerebral palsy. Damage to the part of the brain controlling balance and movement coordination.
- Athetoid - an uncontrolled and continuous movement characteristic of one type of cerebral palsy. Difficulty with the voluntary control of muscle movement.
- Benign - tumor or growth that is not cancerous.
- Cerebellum - area of brain at the base of the skull which controls muscle movement and balance.
- Cerebral Palsy - disorder of posture, muscle tone and movement resulting from brain damage.
- Cerebrum - main part of the brain occupying the top part of the skull and where all mental activity takes place.
- Congenital - disease or condition present at birth and that is not necessarily hereditary.
- Conclusion - involuntary contraction of muscles.
- Cystic Fibrosis - a disease in which sweat glands and mucus secreting glands do not function properly and the lungs and pancreas become involved.

(continued)

GLOSSARY, continued

- Deformity - a bodily malformation or distortion.
- Dwarfism - an inherited or arrested bodily growth.
- Dystrophy - weakness and degeneration of muscles.
- Epilepsy - a chronic disorder of the nervous system in which there is periodic loss of consciousness and/or convulsive seizures.
- Grand Mal - (tonic-clonic) the severest type of seizure.
- Malignant - tumor or growth that destroys other tissue and that which is cancerous.
- Muscular Dystrophy- a disease in which the muscles deteriorate.
- Paraplegia - partial or complete involvement of two limbs.
- Petit Mal - the name of a mild epileptic seizure.
- Prosthesis - artificial limb.
- Psychomotor (partial) Seizure - an epileptic seizure associated with restless. confused or patterned movement.
- Spastic - Difficulty of movement characterized by stiff movement.
- Quadraplegia - partial or complete involvement of all four limbs.
- Seizure - involuntary contraction of muscles.
- Spasticity - stiffness.
- Stump - the remaining portion of a limb.

MATERIALS	PURCHASING ADDRESS
BOOKS	
• Be My Friend Coloring Book	Canadian Council on Children and Youth 323 Chapel Ottawa, Ontario KIN 722
• The Body Book	Active Learning Systems 13906 Ventura Blvd. Sherman Oaks, CA 91423
• Danny's Song	Mister Rogers Hubbard P.O. Box 104 Northbrook, IL 60062
• Don't Feel Sorry for Paul	J. B. Lippincott Order from: Western Library Service 7262 Beverly Blvd. Los Angeles, CA 90036
• Feeling Free	Addison Wesley Pub. Co., Inc. Jacob Way Reading, MA 08867
• Howie Helps Himself	Albert Whitman and Co. Order from: Western Library Service 7262 Beverly Blvd. Los Angeles, CA 90036
• The Magic Moth	Houghton Mifflin/Clarion Books 52 Vanderbilt Ave. New York, NY 10017
• Mainstreaming the Physically Disabled Child	Learning Concepts Order from: Teaching Resources Corporation 100 Boylston St. Boston, MA 02116
• Rachel	Bradsbury Press 20 Overhill Rd. Scarsdale, NY 10583

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MATERIALS, continued

	PURCHASING ADDRESS
• Sasha, My Friend	Aladdin Books Order from: San Diego Periodical Distributors 4645 Morena Blvd. San Diego, CA 92138
• Take Joy	American Cancer Society 2251 San Diego Ave., Suite B 150 San Diego, CA 92110
• Tracy	Raintree Publishers Limited 205 West Heland Avenue Milwaukee, WI 53203
• What If You Couldn't? A Book About Special Needs	Charles Scribner's Sons Order from: Western Library Service 7262 Beverly Blvd. Los Angeles, CA 90036

EQUIPMENT	ADDRESS
• Braces	Abbey Medical 2875 El Cajon Blvd. San Diego, CA 92104
• Cane	Abbey Medical 2875 El Cajon Blvd. San Diego, CA 92104
• Crutches	Abbey Medical 2875 El Cajon Blvd. San Diego, CA 92104
• Walker	Abbey Medical 2875 El Cajon Blvd. San Diego, CA 92104
• Wheelchair	Abbey Medical 2875 El Cajon Blvd. San Diego, CA 92104

FILMSTRIPS and SLIDES

• Because You Are My Friend. . .	Epilepsy Society of San Diego 1612 30th Street San Diego, CA 92104

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MATERIALS, continued

	PURCHASING ADDRESS
• Epilepsy is...	Epilepsy Society of San Diego 1612 30th Street San Diego, CA 92104
• Hello Everybody, Part 3	James Stanfield Film Association P. O. Box 851 Pasadena, CA 91102
• Like You, Like Me "Why Me?" "Its Up To Me" "I Can Do It" "Let's Talk It Over" "Doing Things Together"	Encyclopedia Britannica Educational Corporation 425 North Michigan Avenue Chicago, IL 60611
• Slides of Equipment and People	La Mesa-Spring Valley School District Project ESEA Title IV-C "Teach 'n' Reach"
• Understanding Differences "How Can You Run When Can't Even Walk"	Learning Tree Filmstrips P. O. Box 3009 Englewood, CO 80111

HANDMADE MATERIALS and MISCELLANEOUS

• Puppets	Donald Ave Star Route Box 153 Spring Valley, CA 92077

KITS

• Accepting Individual Differences	Developmental Learning Materials 7440 Natchez Avenue Niles, IL 60648
• Cancer Challenge to Youth	American Cancer Society 2251 San Diego Ave., Suite B 150 San Diego, CA 92110
• Cigarette Smoking: Take It or Leave It	American Cancer Society 2251 San Diego Ave., Suite B 150 San Diego, CA 92110
• Early Start To Good Health	American Cancer Society 2251 San Diego Ave., Suite B 150 San Diego, CA 92110

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MATERIALS, continued

	PURCHASING ADDRESS
• Kids Come in Special Flavors	The Kids Come in Special Flavors Co. Box 562, Forest Park Station Dayton, OH 45405
• Master Kit for "What If You Couldn't...?" Orthopedic Problems Unit	Selective Educational Equipment, Inc. Three Bridge Street Newton, MA 02195
• Nature of Cancer	American Cancer Society 2251 San Diego Ave., Suite B 150 San Diego, CA 92110

MODELS, CHARTS and POSTERS

• Brain Model	Sargent-Welch 7300 N. Linder Ave. Skokie, IL 60076
• Exceptional Children Posters	Argus Communications 7440 Natchez Avenue Niles, IL 60646
• Systems of the Human Body	Milliken Publishing Co. 1100 Research Blvd. St. Louis, MO 63132

MOVIES

• "Because You Are My Friend"	The Epilepsy Foundation of America 3451 Garden City Drive, Suite 406 Landover, MD 20785
• "Bonnie Consolo"	Barr Films P.O. Box 5667 Pasadena, CA 91107
• "Computer I"	United Cerebral Palsy 66 East 34th Street New York, NY 10016
• "Epilepsy Is"	The Epilepsy Foundation of America 3451 Garden City Drive, Suite 406 Landover, MD 20785

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MATERIALS, continued

	PURCHASING ADDRESS
• "Gateways To The Mind"	Pacific Telephone 525 B. Street, Room 1951 San Diego, CA 92112
• "Images of Epilepsy"	Colorado Epilepsy Association 1835 Gaylord Street Denver, CO 80206
• Leo Beurman"	Centron Films 1621 West Ninth Street Lawrence, KS 66044
• People You'd Like To Know "Diana"	Encyclopedia Britannica Educational Corporation 425 North Michigan Avenue Chicago, IL 60611

RECORDS

• "Put On A Handicap"	Kimbo Educational Records P.O. Box 477 Long Branch, NJ 07740

TRANSPARENCIES and DUPLICATING MASTERS

• Systems of the Human Body	Milliken Publishing Co. 1100 Research Blvd. St. Louis, MO 63132

AGENCIES

- Arthritis Foundation
  3400 Peachtree Rd. NE Room 1101
  Atlanta, GA 30326

- Arthritis Foundation of San Diego 291-0430
  3719 4th Avenue
  San Diego, CA 92103

- Asthma 297-3901
  3861 Front Street
  San Diego, CA 92103

- Cancer Foundation 235-6586
  711 C Street
  San Diego, CA 92101

- Cancer Society 299-4200
  2251 San Diego Avenue Suite B150
  San Diego, CA

- Cerebral Palsy Center 278-5420
  7947 Birmingham Drive
  San Diego, CA 92123

- Community Service Center for the Disabled 293-3500
  1295 University Ave.
  San Diego, CA 92103

- Cystic Fibrosis Foundation 298-0777
  3954 4th Avenue
  San Diego, CA 92103

- Epilepsy Society of America
  733 15th Street N.W. Suite 1116
  Washington, D.C. 20005

- Epilepsy Society of San Diego 232-7881
  1612 30th Street
  San Diego, CA 92104

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AGENCIES, continued

- Muscular Dystrophy Association 291-4555
  2728 5th Avenue
  San Diego, CA 92103

- Muscular Dystrophy Association
  810 7th Avenue
  New York, NY 10019

- The National Multiple Sclerosis Society 297-4363
  4233 Park Blvd.
  San Diego, CA 92103

- R G P Prosthetics and Orthotics Co., Inc. 582-3871
  6147 University Avenue
  San Diego, CA 92115

- United Cerebral Palsy Association
  66 E. 34th St.
  New York, NY 10016

Key: P - Primary
U - Upper
T - Teacher

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P/U • Because You Are My Friend. Washington, DC: Epilepsy Foundation of America.

T • Bellin, C. The Body Book. Sherman Oaks, CA: Active Learning Systems, 1980.

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U • Christopher, M. Sink It Rusty. Boston, MA: Little, Brown and Co., 1963.

U • Corbin, W. The Golden Mare. New York, NY: Coward-McCann, 1955.

U • Corcoran, B. Sasha, My Friend. New York, NY: Atheneum, 1969.

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P • Fanshawe, E. Rachel. Scarsdale, NY: Bradbury, 1975.

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U • Gelfand, R. They Wouldn't Quit: Stories of Handicapped People. Minneapolis, MN: Lerner Publishing Company, 1962.

T • Glemser, B. All About the Human Body. New York, NY: Random House, 1958.

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U • Kamien, J. What If You Couldn't? A Book About Special Needs. New York, NY: Charles Scribner's Sons, 1979.

U • Killilea, M. Karen. Englewood Cliffs, NJ: Prentice Hall, 1952.

U • Killilea, M. With Love From Karen. Englewood Cliffs, NJ: Prentice Hall, 1963.

U • Lee, V. The Magic Moth. Seaburn, 1972.

U • Mack, N. Tracy. Milwaukee, WI: Raintree Edition, 1976.

P • Mister Rogers. Danny's Song. Northbrook, IL: Hubbard.

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BIBLIOGRAPHY, continued

U • Southhall, I. Let the Balloon Go. New York, NY: St. Martin's Press, 1968.

U/T • Sullivan, M. Feeling Free. Reading, MA: Addison-Wesley, 1979.

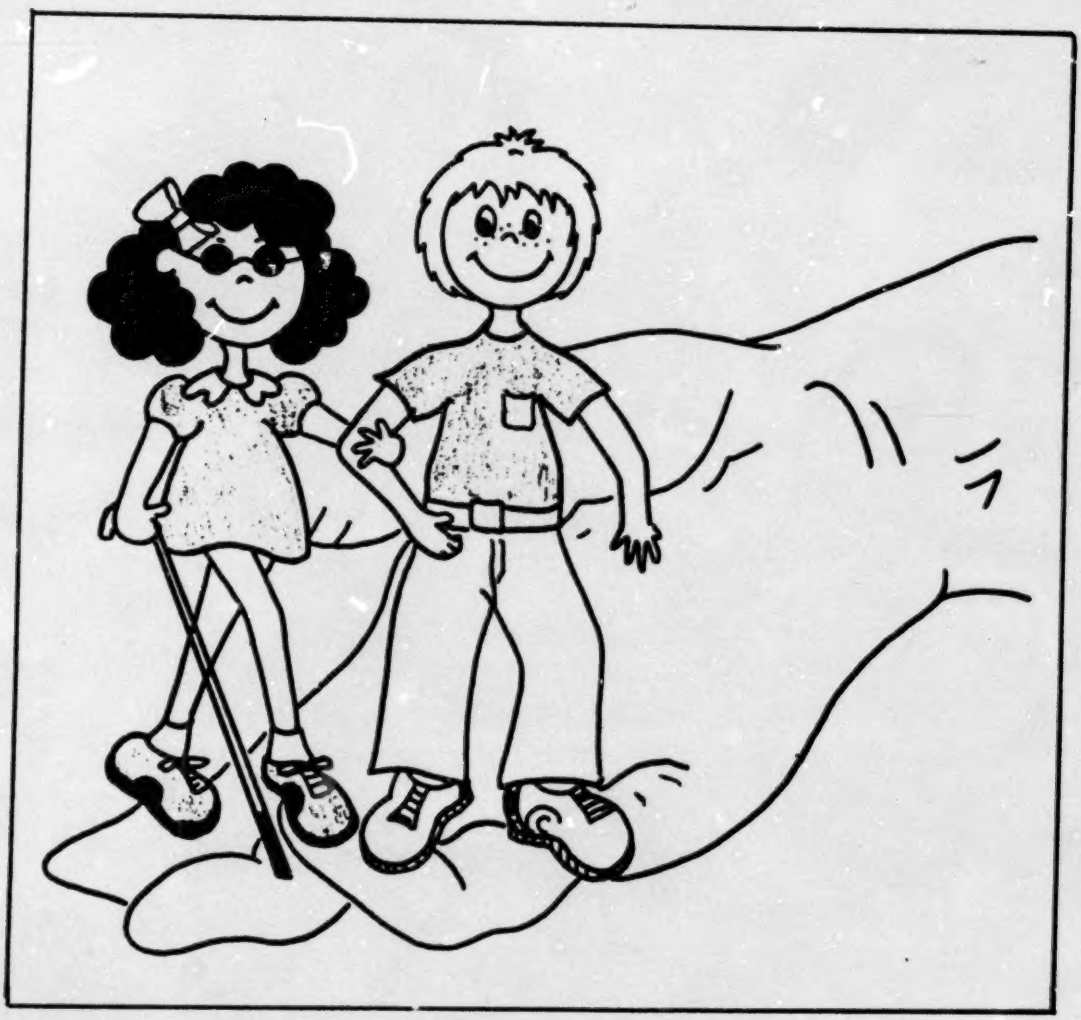
U • Sutcliff, R. The Witch's Brat. New York, NY: Walck, 1970.

T • Take Joy. San Diego, CA: American Cancer Society.

T • When You Meet a Handicapped Person. Chicago, IL: National Easter Seal Society.

P/U • Woff, B. Don't Feel Sorry for Paul. New York, NY: J.B. Lippincott, 1974.

VISUALLY IMPAIRED



VISUALLY IMPAIRED

DEFINITION - There are two ways of defining visual impairment. One is legal and the other is educational. The legal definition involves assessment of visual acuity and field of vision. A child with 20/20 vision can see from a distance of 20 feet what the normal eye should see at a distance of 20 feet. A child with 20/400 vision can see from a distance of 20 feet what the normal eye should see at a distance of 400 feet.

Normal acuity is from 20/20 to 20/60. The partially sighted have enough vision to read print, but modifications will be necessary. Their vision is from 20/70 to 20/200 with corrective lenses. Blindness is visual acuity less than 20/200 with corrective lenses.

A visual handicap means visual impairment which, even with correction, adversely affects a child's educational performance.

CAUSE - The major causes of serious visual impairment, in addition to accidents, are:

- Cataracts, which are caused by clouding of the lens.
- Diabetes, which can cause blindness from a loss of blood supply to the retina.
- Glaucoma, the cause of which is unknown, is a condition where there is excessive pressure in the eyeball.
- Rubella, which causes infection or an eye disease in the embryonic development.

MINIMUM COMPETENCIES

Upon completion of an eight (8) week implementation of project "Teach 'n' Reach" Visually Impaired unit, students will obtain the following minimum competencies:

- Students will be able to identify three out of six anatomical structures of the eye.

  - Pupil - Iris - Cornea - Lens - Retina - Sclera

- Students will be able to identify two out of four causes of visual impairment.

  - Diabetes - Fever - Rubella - Accident

- Students will be able to identify three out of twenty-six Braille letters.
- Students will be able to label three out of six appliances used by the blind.

  - Cane - Brailler - Slate - Stylus - Abacus - Mowat

- Students will be able to label one of two tests used to identify the visually impaired.

  - Snellen Chart - Titmus

- Students will be able to label three types of visual impairment.

  - Nearsighted - Farsighted - Tunnel Vision - Cross-eyed

- Students will be able to describe the difference between legally blind and visually impaired as evaluated by their classroom teacher.
- Students will be able to identify one out of four ways to care for their eyes.

  - Good lighting - Eliminate eye strain - Needless injuries - Yearly eye examinations

- Students will be able to list one out of three occupations held by the visually impaired.

  - Musician - Teacher - Lawyer

STRATEGIES FOR MINIMIZING DIFFERENCES

Things to remember when reviewing this information:

- There is as much variation among students within any one category as there is between categorized students and their handicapped peers.
- The limitations of the disability will not occur equally in all situations.
- Don't let the label or category define the child. The information is intended only as a guide, not a rule.
- When using the information to answer other students' questions, specify observable behaviors avoiding the use of labels.
- Emphasize ways in which students and teachers can adapt and modify the environment to meet the needs of the handicapped student.

- Feel comfortable using words such as "see" and "look." These words are as much a part of the vocabulary of the child with a visual handicap as they are of anyone else's.
- Include the visually handicapped student in all activities.
- The same disciplinary rules that apply to the rest of the class should apply to the visually handicapped child.
- Encourage the visually handicapped student to move about the classroom to obtain his materials or visual information. He will know his own needs and his method of compensating will soon become part of classroom routine.
- The visually limited child may not be aware of events occurring at a distance from him. Verbal cues may be necessary to bring them to his attention.

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STRATEGIES FOR MINIMIZING DIFFERENCES, continued

- The visually handicapped student may bring adaptive aids into the classroom. Encourage him to use the aids as needed and to answer any questions that others have about the aids as they arise.
- Raised line paper allows a student to write "on the line."
- For the safety of the visually handicapped child as well as for all other children, doors and cupboards should be all the way open or all the way shut. The visually handicapped child should also be told of any changes in the position of classroom furniture.
- Bookstands are useful in reducing postural fatigue by bringing the work closer to the reader's eyes. When a bookstand is not available, one may be improvised by placing other books beneath the book that is to be read.
- Felt tip pens, preferably in black, are recommended for preparing written work. Using different colored markers will often help a student to emphasize sections of his notes when scanning would otherwise be quite difficult.
- Avoid standing with your back to the windows, since looking into glare and light may make it difficult for the visually handicapped student to see your facial expressions and gestures. You may appear only as a silhouette.
- Encourage the student to face in the direction of the person with whom he is speaking. If the student is facing away or mumbling unclearly, remind him politely and privately.
- Sometimes a student with a visual deficit will develop unusual mannerisms which draw attention to his disability. It is helpful for the teacher to privately point these out to the student and help him to substitute more appropriate behaviors.
- When initiating conversation with a visually impaired student, call him by his name so he will know you are talking to him and not someone else. Do not

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be tempted to use a companion as an interpreter for what you want to say.

- Direct your eyes and voice toward the face of the visually impaired student.
- Sometimes it is assumed that because a person can't see, they also can't hear. Don't raise your voice on the assumption the student is deaf.
- When in doubt as to whether a student with a visual impairment needs assistance -- ask.
- The capabilities of the visually impaired student should not be underestimated.
- Physical contact such as a pat or touch on the arm may be used to indicate praise.
- Provide the child with auditory substitutes for visual materials and activities.
- Provide the child with concrete objects or models.
- Provide the child with spatial relationship information.
- Provide the child with adequate and evenly lit lighting.
- Provide the child with writing and reading surfaces free from glare and direct sunlight.
- Provide the child with time for exploration.
- Provide printed material with sharp contrasts.

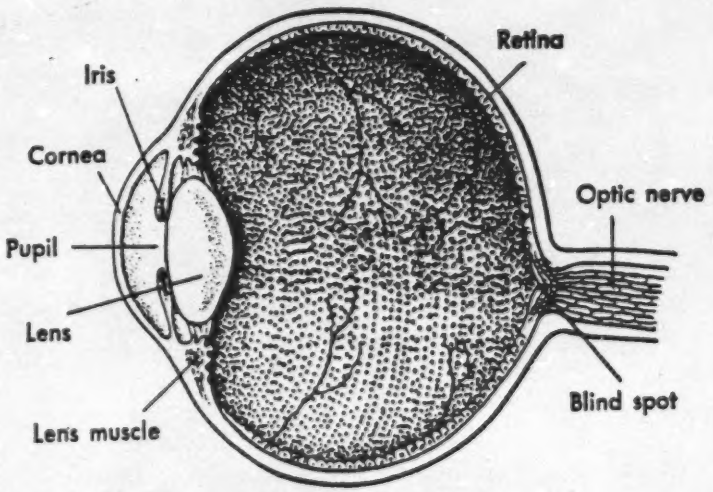
THE EYE

If you have ever taken photographs with a good camera, you will find it easy to understand how your eyes work. The eye is like a camera, except that it adapts itself for any kind of picture.

The eye is almost perfectly round, with a slight bulge in front. The outside of the eye is very strong and firm. It is white, except where it bulges in front, and here it is transparent so that light can pass through. The transparent bulge is called the cornea. Its main purpose is to protect the eye from damage.

Behind the cornea is a thin delicate disc called the iris. The eye gets its color from the iris, which may be blue, gray, brown, hazel or green. In the center of the iris there is a circular hole called the pupil. The size of this hole is controlled by two sets of muscles. In dim light, the muscles cause the hole to become larger to allow more light to pass through. In bright light, the size of the pupil is reduced to prevent the strong light from hurting the eye.

Immediately behind the pupil is the lens of the eye, a tiny transparent disc only about one-third of an inch in diameter, thin at the edges and thick in the middle. Around it is a ring of muscle which can make the lens a little smaller and thicker. In



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THE EYE, continued

this way you can focus objects sharply when they are close to your eye. When the muscle is relaxed, you can see sharply at a distance.

The space between the cornea and the lens is filled with a liquid that is mostly water, called the aqueous humor. The rest of the eye is filled with a soft, clear, jelly-like material, called the vitreous humor.

The lens of the eye forms a picture of whatever you are looking at, like the lens of a camera, and this picture is projected on the back of the eye. Here there is a thin membrane called the retina, containing the nerve endings which are sensitive to light. These nerve endings are of two kinds. One is shaped like a rod, the other like a cone. The rods are more sensitive in dim light. The cones, scientists believe, enable us to see colors. From the rods and cones, the picture you see passes along nerve fibers to your brain.

At the back of the eye there is one small spot where you cannot see at all. This is the point where the optic nerve, carrying all the nerve fibers of the retina, enters the eye. It is known as the blind spot.

Glemser, B. All About the Human Body. New York: Random House, 1958.

DIABETES

At the present time diabetes is the major cause of blindness in the United States. (Diabetes can result in blindness from a loss of blood supply to the retina.)

There are two types of diabetes, diabetes mellitus and diabetes insepedus. Although unrelated, both are characterized by the symptoms of excessive thirst and excessive secretion of urine.

Diabetes mellitus is a hereditary disease, but its precise cause is not known. The condition arises when the pancreas fails to produce the hormone insulin, in sufficient quantity.

Diabetes insepedus is produced by a disturbance in the secretion of the pituitary gland.

Diabetes causes sugar to build up in the blood; eventually this excess of sugar is passed off in the urine.

GLOSSARY

- Astigmatism - eye defect, usually in the cornea, which prevents the eye from focusing properly and results in distorted or blurred vision.
- Blind - visual acuity of 20/200 or less in the better eye with corrective lenses.
- Braille - a system of touch reading which involves feeling raised dots.
- Brailler - a typewriter like instrument which produces Braille.
- Cataract - a clouded condition in the lens resulting in blurred vision.
- Congenital - disease or condition present at birth and that is not necessarily hereditary.
- Cornea - a transparent membrane in the middle of the white sclera. Helps to focus the rays of light entering the eye.
- Diabetes - can result in blindness due to a loss of blood supply to the retina.
- Eyes - the organ of sight. A sphere set in a bony socket of the skull.
- Glaucoma - increased pressure on the eye caused by increased fluids.
- Hyperopia - the ability to see clearly only things that are relatively far away, known as farsightedness.

(continued)

GLOSSARY, continued

- Iris - the colored portion of the eye. It is a muscle.
- Lens - in back of the iris. Continually changes the light rays to assist in focusing.
- Mowat - an electric, hand held vibrator. Works on ultrasonic sound frequencies.
- Myopia - the ability to see things that are close at hand, known as nearsightedness.
- Night blindness - impaired ability to see in dim light, caused by a vitamin A deficiency.
- Ophthalmologist - medical doctor who diagnoses and treats diseases, injuries or birth defects affecting vision.
- Optometrist - examines the eyes and related structures to determine the presence of visual problems.
- Partially sighted - visual acuity 20/70 to 20/200 with corrective lenses. Can use vision for source of learning.
- Pupil - found in the center of the iris. Actually an opening in the eye that admits light.
- Refraction - the bending of light rays.
- Retina - the inner layer of the eye. A membrane that converts the light to nerve impulses.
- Rubella - (German measles or three-day measles) a contagious viral disease.
- Sclera - the outer layer of the eye seen as the white of the eye.
- Slate and stylus - a hand held version of a Brailler.
- Snellen eye test - a diagnostic tool for measuring visual acuity.

(continued)

GLOSSARY, continued

- Strabismus - a condition in which both eyes cannot be focused on the same spot at the same time. Also known as "cross-eye."
- Sty - bacterial infection of the glands of the eyelid. A cyst filled with pus.
- Titmus - an instrument used to assess visual performance acuity.
- Tunnel - peripheral vision is limited to an angle of 140°.

MATERIALS	PURCHASING ADDRESS
BOOKS	
• Be My Friend Coloring Book	Canadian Council on Children and Youth 323 Chapel, Ottawa, Ontario KIN 7Z2
• From Anna	Harper and Row 10 E. 53rd St. New York, NY 10022
• Getting Smarter	Prentice-Hall Order from: Western Library Service 7262 Beverly Blvd. Los Angeles, CA 90036
• Jennifer Jean, the Crossed Eyed Queen	R. R. Bowker Co. 1180 Avenue of the Americas New York, NY 10036
• Katie's Magic Glasses	Houghton Mifflin Co. Order from: Western Library Service 7262 Beverly Blvd. Los Angeles, CA 90036
• Mainstreaming the Visually Impaired Child: An Educational Alternative	Teaching Resources 100 Boylston Boston, MA 02116
• Mom, I Need Glasses	Lion Press 52 Park Avenue New York, NY 10016
• The New Boy is Blind	Simon and Schuster Order from: Western Library Service 7262 Beverly Blvd. Los Angeles, CA 90036
• Stranded	Little Brown & Co. Order from: Western Library Service 7262 Beverly Blvd. Los Angeles, CA 90036
• Sugar Bee	Delacorte Press Order from: Western Library Service 7262 Beverly Blvd. Los Angeles, CA 90036

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MATERIALS, continued

	PURCHASING ADDRESS
• What If You Couldn't A Book About Special Needs	Charles Scribner's Sons Order from: Western Library Service 7262 Beverly Blvd. Los Angeles, CA 90036

EQUIPMENT

• Books in Braille	San Diego Service Center for the Blind 5922 El Cajon Blvd. San Diego, CA 92115
• Brailler	San Diego Service Center for the Blind 5922 El Cajon Blvd. San Diego, CA 92115
• Canes	San Diego Service Center for the Blind 5922 El Cajon Blvd. San Diego, CA 92115
• Mowat	San Diego Service Center for the Blind 5922 El Cajon Blvd. San Diego, CA 92115
• Slate and Stylus	San Diego Service Center for the Blind 5922 El Cajon Blvd. San Diego, CA 92115

FILMSTRIPS and SLIDES

• Hello Everybody, Part 2	James Stanfield Film Association P. O. Box 851 Pasadena, CA 91102
• Like You, Like Me "See What I Feel"	Encyclopedia Britannica Educational Corporation 425 North Michigan Avenue Chicago, IL 60611
• Slides of Equipment and People	La Mesa-Spring Valley School District Project ESEA Title IV-C "Teach 'n' Reach"

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MATERIALS, continued

	PURCHASING ADDRESS
HANDMADE MATERIALS and MISCELLANEOUS	
• Braille Cards	La Mesa-Spring Valley School District Project ESEA Title IV-C "Teach 'n' Reach"
• Exceptional Children Posters	Argus Communications 7440 Natchez Avenue Niles, IL 60646
• Puppets	Donald Ave Star Rt., Box 153 Spring Valley, CA 92077
• Snellen Chart	La Mesa-Spring Valley School District Project ESEA Title IV-C "Teach 'n' Reach"
KITS	
• Accepting Individual Differences	Developmental Learning Materials 7440 Natchez Avenue Niles, IL 60648
• Kids Come in Special Flavors	The Kids Come in Special Flavors Co. Box 562 Forest Park Station Dayton, OH 45405
• Master Kit for "What If You Couldn't...?" Visually Impaired Unit	Selective Educational Equipment, Inc. Three Bridge Street Newton, MA 02195
MODELS, CHARTS and POSTERS	
• Eye Ball	Sargent-Welch 1617 East Ball Road Anaheim, CA 92803
• Eye Model	Sargent-Welch 1617 East Ball Road Anaheim, CA 92803
• Organs of the Human Body	Milliken Publishing Co. 1100 Research Blvd. St. Louis, MO 63132
MOVIES	
• "A Thousand Eyes"	Stanton Films 2417 Artesia Blvd. Redondo Beach, CA 90278

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MATERIALS, continued

	PURCHASING ADDRESS
• "Glasses for Susan"	Encyclopedia Britannica Educational Corporation 425 North Michigan Avenue Chicago, IL 60611
• "Health: Eyecare Fantasy"	Encyclopedia Britannica Educational Corporation 425 North Michigan Avenue Chicago, IL 60611
• "Not Without Sight"	American Foundation for the Blind 15 West 16th Street New York, NY 10011
• People You'd Like To Know "Harold"	Encyclopedia Britannica Educational Corporation 425 North Michigan Avenue Chicago, IL 60611
• "See Better - Healthy Eyes"	Coronet Films %Don Marcotte 22875 Rumble Drive El Toro, CA 92630
• "You and Your Eyes"	Walt Disney Films 500 South Buena Vista Street Burbank, CA 91521
• "Your Eyes"	Encyclopedia Britannica Educational Corporation 425 North Michigan Avenue Chicago, IL 60611
• "You and Your Five Senses"	Walt Disney Films 500 S. Buena Vista Street Burbank, CA 91521
• "What Do You Do When You Meet a Blind Person?"	American Foundation for the Blind 15 West 16th Street New York, NY 10011

RECORDS

• "Look, Listen and Learn"	Milliken Publishers 611 Olive Street St. Louis, MO 63101

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MATERIALS, continued

	PURCHASING ADDRESS
• "Put On a Handicap"	Kimbo Educational Records P. O. Box 477 Long Branch, NJ 07740
• "What's Its Name?"	Maico Maico Blvd. Minneapolis, MN 55401

TRANSPARENCIES and DUPLICATING MASTERS

• Systems of the Human Body	Milliken Publishing Co. 1100 Research Blvd. St. Louis, MO 63132

AGENCIES

- American Foundation for the Blind
  15 West 16th Street
  New York, New York 10011

- Braille Transcribers Guild of San Diego, Inc. 298-4219
  1807 Upas Street
  San Diego, CA 92103

- San Diego Service Center for the Blind 583-1542
  5922 El Cajon Blvd.
  San Diego, CA 92115

Key: P - Primary
U - Upper
T - Teacher

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T • What Do You Do When You Meet a Blind Person? New York, NY: American Foundation for the Blind.

U • Whitney, P. Secret of Emerald Star. New York, NY: New American Library, 1979.

U • Witheridge, E. Dead End Bluff. New York, NY: Atheneum Publisher, 1966.

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